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The ROYAL CANADIAN DENTAL CORPS *Quarterly*



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THE RCDC QUARTERLY

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Cover Photo - Brigadier EM Wansbrough throws the first rock to open First
Annual RCDC Bonspiel. Busily sweeping are Brigadier KM Baird
and Capt CA Casterton.

E D I T O R I A L

Esprit de corps has been defined as the regard for the honour and interests of the body to which one belongs. In the light of this definition, it is interesting to reflect upon the various developments over the years which have contributed to this feeling within the RCDC.

In addition to the highly praised efforts of the Corps during the First and Second World Wars and United Nations Operations - Korea, there are things tangible which have served to illustrate the interest, desire and pride in belonging to such a closely-knit organization as the RCDC. The flag displaying the Corps colours and crest has been flying at various Dental Unit HQs since the days of the Korean conflict. Similarly the "March Past of the Royal Canadian Dental Corps" which was adopted in 1960 has been heard with pride on many ceremonial occasions. The creation of The RCDC School to provide a common training ground for military, professional and technical dental subjects has enabled members of the Corps to attend classes together from time to time at this institution. Indeed, since the relocation of the School in a new building at Camp Borden in 1957-58, it has become recognized as "the home" of the RCDC.

The Defence Dental Association, later renamed the RCDC Association, was formed in 1947 to provide an opportunity for all officers of the RCDC(R) and (M) and the CDC to meet for the purpose of discussing items of common interest. In 1962, Col JF Edgecombe donated a trophy for competition which will be awarded to the Militia Dental Unit making the greatest contribution to the activities of the RCDC Association. Such appointments as Honorary Colonel Commandant, Honorary Lieutenant Colonel, Colonel Commandant and Queens Honorary Dental Surgeon have been conferred on former and present distinguished officers of the Corps. Other eminent members of the profession hold appointments on the Staff of Consultants RCDC.

Various awards have been provided for cadets on summer training and the competition for Honour Cadet in each of the three phases has engendered a Corps spirit within this group. To set the strenuous pace for the winning of these awards, an RCDC Officer Cadet won the Canadian Infantry Association Trophy as the best cadet in the 1st Practical Phase Training conducted at the Infantry School, Camp Borden. In like manner, the General Efficiency Competition, held annually for Militia Dental Units provides the Moore, Trelford and Saskatchewan trophies, all of which have stimulated interest and pride in the Militia component of the RCDC.

The RCDC Quarterly has provided a means of keeping all informed of the current professional and technical trends in addition to the events and activities of service and civilian personnel.

Many members have distinguished themselves and brought honour to the Corps through participation in various sporting events within the three Services. During the past year, the Corps was singularly honoured to have one of its officers attain a position on the Bisley Rifle Team. Through the efforts of members of The RCDC School, their wives and the generous contributions of Corps personnel, the RCDC has been able to provide a Corps window for the Protestant Chapel and an appropriate religious item for the Roman Catholic Chapel at Camp Borden.

The most recent tangible evidence of the desire to maintain Corps spirit at a high level is the magnificent Curling Trophy presented by Brigadier EM Wansbrough for annual competition of Regular and Militia dental personnel. This competition will add immeasurably to the encouragement of sportsmanship and fellowship which, after all, form the very basis of esprit de corps. The RCDC salutes its former Director General for this generous gesture and hopes that he will continue to preside at the opening ceremonies of the Annual RCDC bonspiel.

USES OF A SELF-CURING ACRYLIC RESIN IN CROWN AND FIXED PARTIAL DENTURE PROSTHESES

Lt Col JW Turner, CD, DDS

HISTORY

The self-curing resins were first used in restorative dentistry sometime between 1936 and 1941 in Germany. The first resin material for dental use was developed by Schneble, and the manufactured product was called Palopon SH. In 1953 the British brought out their product called Sevriton, which was quickly followed by an American product called Color-Fast Kadon.¹ These resins were intended for use only as restorative materials in operative dentistry.

Recent experiments with a new acrylic resin material ^{*} in crown and fixed partial denture procedures have proved its usefulness in the techniques suggested in this article.

PHYSICAL PROPERTIES

DuraLay is a self-curing methyl methacrylate resin. The powder is colored a vivid red to provide contrast with the oral tissues, which aids materially in the effective handling of the resin in the mouth. According to company representatives, glass fibers have been incorporated into the polymer to provide increased strength and dimensional stability. DuraLay has been designed specifically for the fabrication of casting patterns by the paint-on technique.

Research has shown that the shrinkage occurring at each polymerization is roughly 7 percent by volume, but despite this shrinkage the resin patterns fit better at the margins and reproduce detail better than corresponding wax patterns. This is because the resin mixture, when still plastic, adheres tenaciously to the cavity walls, so that the shrinkage occurs only in the portion away from the margins.

The amount of combustion residue, at burnout temperatures normally used for ordinary casting, is comparable to that of inlay waxes.

By the very nature of the material, the mechanical strength of DuraLay is much greater than that of wax, and the resin patterns may be tried in repeatedly without distortion. Stability is such that resin crowns may be left on the master case for extended periods of time with no evidence of distortion.

DuraLay does not fulfill the specifications for Acrylic resins to be used as permanent restorative materials, but this does not affect its usefulness as an impression and pattern material. For this purpose, the resin's mechanical strength and accurate reproduction of detail surpass those of the waxes.

The manufacturer's brochure reports an investigation of the toxicity of the monomer on the pulp. It was found that normal dentin, prepared under a water spray, was impervious to the monomer. Desiccated dentin allowed the monomer to penetrate to the pulp.

It has been shown that this resin does not induce any apparent pulp damage in the limited time that it is ordinarily in contact with the dentin. Investigation also showed that whether or not the silicone lubricant was used, no significant irritation was caused to the pulp. The lubricant, therefore, serves mainly to facilitate the removal of the resin pattern from either a cavity preparation or a die.

^{*} DuraLay, manufactured by the Reliance Dental Mfg. Co.

Moisture has a direct adverse effect upon the initial polymerization that results in a rubbery mass. This is also true if eugenol from a zinc oxide-eugenol base comes in contact with the resin during polymerization. Any zinc oxide-eugenol base should be covered with a zinc phosphate liner before a resin coping is constructed.

Alcohol should never be used to cleanse a finished pattern because it has an adverse reaction on the acrylic resin. This reaction results in microscopic cracks and fissures, which cause inferior castings.

ARMAMENTARIUM AND METHODS OF USE

A complete armamentarium for all of the techniques suggested herein consists of:

1. Powder (polymer) -- vivid red
2. Liquid (monomer) -- clear
3. Lubricant -- silicone paste -- red
4. Dappen dishes -- two
5. Paint brushes
 - a. fine sable - handle bent to a right angle or contra-angle
 - b. fine sable - straight handle
 - c. coarse stubby brush for applying lubricant
6. Wax carver
7. Gauze, 2 by 2 inch (for cleaning brush after each application of soft resin)
8. Glass dropper (to dispense monomer)
9. Towel forceps and orangewood (or cottonwood) stick

The techniques of application are:

1. The brush-in (nonpressure) technique, ²
2. The dough technique (powder and liquid mixed in a dappen dish to a soft dough), or
3. A combination of 1 and 2.

The die is well lubricated with the silicone lubricant and the resin is applied in small increments to compensate for the marked shrinkage that occurs.

If a full crown is contemplated, it must be fabricated in two or three sections. The first section is allowed to harden, then removed and replaced on the die before increments of the resin are added to form the next section. Otherwise, it will be impossible to remove the completed pattern from the die, or the die will be damaged during removal of the pattern.

CLINICAL APPLICATIONS

Direct Patterns

After the inlay preparation is made, silicone lubricant is used to paint the cavity preparation. Then the stainless steel matrix is applied. The cavity must be dry. The resin is painted in with a paint brush by the nonpressure technique for Class V restorations.

When the resin has polymerized, the matrix is removed and the pattern is adjusted to the correct occlusion. The red color is of distinct advantage in equilibrating the pattern since the blue articulating markings stand out clearly, and excess material is easily discernible. Blue inlay wax may be used to form the occlusal anatomy, as well as to refine the marginal detail directly in the mouth. After the occlusal anatomy is finished, the pattern is withdrawn from the cavity with a scaler, and the contact points are added in blue inlay wax. The use of the inlay wax is advantageous for the color contrast controls the spreading of the wax, and excess wax can be easily and accurately removed.

In spruing the pattern, a small recess can easily be cut in the resin pattern with a round bur to ensure a more positive attachment.

Any deficiency in the resin pattern may be corrected by rebasing the pattern. Slight defects may be corrected in the mouth by painting the soft resin directly onto the desired area; e.g., one part of the gingival margin. If desired, the pattern may be completely rebased by using a resin dough prepared in a dappen dish.

Indirect-Direct Patterns

Indications.--When it is difficult to obtain a completely accurate impression and in cases when occlusal problems exist.

Technique.--Steps in constructing an indirect-direct pattern are:

1. A resin pattern, short of the gingival margin, is constructed on the existing working die and inserted in the mouth to check for deficiencies.
2. Two small holes are cut in the mesial and distal marginal ridges to permit excess resin to escape.
3. A small amount of resin dough is mixed in a dappen dish.
4. The inside of the resin pattern is painted with monomer.
5. The abutment tooth is lubricated with silicone lubricant.
6. The dough is inserted into the resin pattern, which is then replaced on the abutment and held until the dough polymerizes. Excess resin should be removed while still soft, especially from undercut areas. The area must be kept dry during the initial set of the resin.
7. When a crown pattern is rebased, care should be taken to remove the pattern before polymerization is complete. Otherwise, if resin has extended beyond the finishing line into an undercut area, the pattern will be difficult to remove. Initial removal of the rebased pattern from the abutment is easily accomplished with towel forceps, using a cottonwood block as a fulcrum.

8. After polymerization is complete, excess resin is trimmed away and the pattern is reinserted in the mouth to check fit and occlusion.
9. The pattern is removed and finished to the exact finishing line outlined on the internal surface. The external contours of the pattern may be developed by the addition of either resin or wax without distortion of the internal surfaces.

Transfer Copings

Resin Copings.--Although it is preferable to use cast metal copings, accurate rigid transfer copings can be constructed of resin in a matter of minutes in cases where time is a significant factor, and the relating plaster impression can be taken during the same appointment. Each coping should be constructed in at least two, but preferably three, sections. This compensates for shrinkage of the material, facilitates removal of the pattern from the die, and avoids damage or fracture of the die itself.

Multiple Adjacent Metal Copings.--In some instances, such as for a series of full crowns on lower anterior teeth, very little interproximal space is available when the metal copings are in place. When a plaster matrix is used to relate the copings, the wafer-thin plaster in the interproximal spaces may crumble with the result that the copings will be inaccurately positioned in the plaster matrix. The following technique, utilizing DuraLay to relate the copings, eliminates any possible movement.

1. The metal copings are inserted in the mouth and adjusted to ensure that they are not in contact interproximally.
2. Lubricated stainless steel shims (matrix banding) are placed interproximally between all copings. The shims may be held in place with utility wax. The shims are used to divide the interproximal bulk of resin and prevent the mal-alignment of the copings that might occur if resin were painted on to bridge the entire interproximal space between two adjacent copings. Otherwise, either the known shrinkage of the resin during polymerization or the possible movement of the copings could draw one or both copings out of line.
3. DuraLay is painted on to build up contacts for each coping so that each metal coping has a full resin contact interproximally with the adjacent coping or copings, separated only by the stainless steel shims.
4. When the resin has hardened, the shims are removed, and additional resin is added to join the individual metal-resin coping units into one solid unit.

Interocclusal Registrations

Resin copings are constructed as previously outlined, either directly in the mouth, or indirectly on the dies after the final impression is poured. If the direct technique is used, the resin is painted on the abutment teeth immediately after the final impression is taken, thus saving one appointment. The copings are checked to ensure that they are completely free in centric and working occlusion. Blue inlay wax is then added to the occlusal surface of each coping, and the occlusal index is recorded accurately. The resin copings may be removed and replaced in the mouth without any fear of distortion. After the copings with the

wax occlusal registrations are removed from the mouth and placed on the master cast, the opposing cast can be easily and accurately oriented for mounting on the articulator.

This method gives a very accurate interocclusal registration and also produces a finished casting that requires little or no occlusal adjustment on insertion of the prosthesis in the mouth.

Direct Assembly of Units for Soldering

Indications.--Prostheses, especially maxillary anterior prostheses, for which retainers and pontics have been cast as separate units to be accurately assembled directly in the mouth.

Technique.--The retainers are inserted in the mouth and the pontics are properly related. Then the individual castings are luted together by painting on Duralay interproximally. The assembled units are invested directly for soldering.

Abutment Pattern for an Existing Removable Partial Denture

Indication.--Due to caries, or failure of the existing retainer, a new crown is required.

Technique.--The following technique is suggested:

1. The abutment is reprepared, and a thin resin coping is fabricated either directly or indirectly.
2. The coping is positioned on the abutment, the partial denture is inserted in the mouth, and clearance between the coping and the denture is checked.
3. The denture is removed, the clasp is lubricated, and the denture is replaced in the mouth.
4. A small amount of resin is added directly between the resin coping and the body of the clasp by the paint-on technique. The patient is instructed to maintain centric closure until the resin hardens.
5. After polymerization is complete, the partial denture and resin pattern are removed as a unit. The resin crown pattern is separated from the denture and trimmed to contour.
6. The accuracy of the fit of the pattern to the occlusal rest and clasp is checked. If voids exist, the pattern may be corrected by adding more resin and reassembling the coping and partial denture in the mouth under occlusal pressure.

Required contours can easily be added to this resin pattern by painting on increments of the resin and recontouring the pattern with a diamond stone after the resin hardens. Resin patterns resist distortion during repeated insertion and removal during the steps of construction.

Reverse Dowel Abutment Crown

Indication.--In an otherwise satisfactory fixed partial denture, a retainer becomes defective and insufficient tooth structure remains to support the retainer.

Alternative.--Remaking the entire prosthesis.

Technique.--The following procedure is suggested:

1. After the tooth has been treated endodontically, partially reopen and enlarge the root canal for a dowel.
2. Taper a plastic sprue pin to loosely fit in the prepared canal extending approximately $\frac{1}{4}$ inch from the orifice.
3. Flow softened soft wax (Ready made wax shapes) over the entire length of the prepared plastic sprue pin.
4. Lubricate the root canal with microfilm and insert the coated plastic sprue pin in the canal. This soft wax registers the internal detail of the canal. If there are any undercuts within the canal, the soft wax easily draws over them facilitating easy removal of the sprue as well as registering very accurate detail.
5. Test remove the coated plastic sprue pin and, if satisfactory, reinsert to full depth. Remove excess wax beyond the orifice of the root canal.
6. Paint a thin layer of self-curing resin directly on the face of the residual root to register the detail of the coronal preparation, and to rigidly unite the plastic sprue to the resin coronal restoration.
7. Coat the internal surface of the involved retainer with a very thin lining of inlay wax to eliminate undercuts and surface roughness. This will facilitate removal of the hard acrylic abutment restoration.
8. To obtain a satisfactory gingival fit, remove the wax from the internal margin at least 1 mm. in width.
9. To permit complete seating of the restoration, it is suggested that a hole be cut in the lingual or occlusal surface of the involved crown for escape of the excess acrylic. The escape hole can later be restored with foil, an inlay, or amalgam.
10. With the wax-coated plastic sprue in place in the root, moisten the resin coping with monomer. Fill the retainer with resin dough, and reseal the bridge to position. Test the occlusion. Excess acrylic will escape through the hole provided to allow complete seating of the bridge.
11. After the resin is hard (5 minutes), remove the bridge, and the dowel abutment assembly will come with it. Remove gross excess resin overlying the gold crown. This allows removal of the resin dowel abutment pattern

from the retainer. The pattern may be removed by placing the assembly in room temperature water followed by gently tapping the resin pattern through the escape hole with a small blunt instrument.

12. If additional checking is required, the dowel abutment pattern may be reinserted in the canal and the bridge replaced in the mouth to test occlusion and accuracy of fit.
13. If satisfactory, the resin pattern is sprued and invested for casting in a hard gold.

Pin Inlay and Crown Patterns

Indication.--To join multiple pins and grooves.

Technique.--The technique described readily identifies any pin that is not parallel.

1. A retentive nail-head is formed on a nylon bristle either by pressing against the tip of the bristle with a heated instrument or by heating the bristle and pressing it against a glass slab. The bristle is cut to desired length with a sharp scalpel blade. The procedure is repeated for the number of pins desired. The nylon pins are coated with a lubricant to retain them in the preparation and to facilitate their removal from the master cast.
2. The pin holes are prepared with a .027 gauge Markley drill.
3. The pins and grooves in the preparation are joined into one unit with the resin. If more than two pins are to be used, two pins are joined and the resin is allowed to harden. A trial removal of the pattern is made, and the pins are reinserted. Then the third pin is joined, the resins allowed to harden, and withdrawal is checked. If satisfactory, the fourth pin is joined and checked. This is an accurate aid in determining whether or not the pin holes are parallel, and that the final restoration will seat.
4. After the resin pattern with the nylon pins has been removed to check parallelism, it is reinserted and the pattern completed by either the direct or the indirect technique. If the indirect technique is used, the partially completed pattern with pins should have retentive lugs or undercuts to ensure positive withdrawal of the impression material.

SUMMARY

Several techniques are suggested for the use of a self-curing acrylic resin in crown and fixed partial denture construction. The following characteristics of this resin material are advantageous:

1. Virtual indestructibility in inlay or crown patterns.
2. Extreme stability over long periods of time.
3. A high degree of marginal adaptation and reproduction of detail.
4. No apparent toxicity to the tissues of the oral cavity.

REFERENCES

1. Lippincott's Handbook of Dental Practice, ed. 3, L. I. Grossman, Editor, Philadelphia & Montreal: J. B. Lippincott Company, 1958, p. 340.
2. Clinical Operative Dentistry, W. J. Simon, Editor. Philadelphia & London: W. B. Saunders Co., 1956, p. 245.

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MILITARY TRAINING AWARDS

Lt Col DH Hillier, CD, DDS, MPH

The current programme of undergraduate military training for subsidized dental officers has been detailed in a previous issue of the Quarterly and is proving to be eminently effective in preparing young dental officers for service life. Obviously, some students have a natural facility for this type of training, or apply themselves vigorously, and thus achieve a high level of proficiency. This proficiency should and does receive recognition in the form of honorary awards and it is of interest to review the terms of reference and to list those officers who have been selected for these various trophies in years past.

Field Exercise Trophy

The Field Exercise Trophy was awarded from 1951 to 1961 to those cadets who demonstrated a high degree of proficiency and speed in setting up and in packing field equipment. The candidates were divided into two-man teams (class-mates from same universities where possible), and were timed in unpacking, setting up and repacking A & B kits in the dental van. The trophy was presented to the team with the best time. This award was discontinued in 1962 and the marks obtained in the competition are now included in the aggregate score for the "Honour Cadet Award".

Several winners of this award are still serving in the Corps, as shown in the following list:

<u>Year Award Presented</u>	<u>Name</u>	<u>Present Location</u>
1951	Major A.G. Taylor	HMCS Shearwater
	Dr. C.K. Hickling	Weston, Ont
	Dr. A.D. Smith	Scarborough, Ont
	Dr. M. Dion	Montreal, Que
1952	Major D.H. Protheroe	RCDC School
	Dr. J.G. Blackmer	St John, NB
	Dr. E.N. Cole	Winnipeg, Man
	Dr. J.B. Meunier	Montreal West, Que
1953	Dr. K.E. Leslie	Victoria, BC
	Dr. C.R. Hill	Shellbrook, Sask
	Dr. J. Love	Clarkson, Ont
	Dr. I. Hrabowsky	St Catherines, Ont

<u>Year Award Presented</u>	<u>Name</u>		<u>Present Location</u>
1954	Dr. A.J.	Wilson	Ridgeway, Ont
	Dr. W.	Kowal	Montreal, Que
1955	Dr. W.D.	McGinnis	Vancouver, BC
	Dr. O.	Chaikin	Winnipeg, Man
	Dr. R.A.	Bell	Weston, Ont
	Dr. J.	Slogan	Winnipeg, Man
1956	Capt J.G.	Boucher	35 Fd Dent Unit
	Capt S.M.	Claman	Oklahoma City, Okla
	Dr. C.	Dorval	Montreal, Que
	Capt J.H.	Marion	Camp Valcartier, Que
1958	Capt R.	Lanthier	Ottawa, Ont
	Capt J.J.Y.	Turcotte	35 Fd Dent Unit
1959	Capt L.C.	Gray	RCAF Stn, Vancouver
	Capt J.	Kamachi	Vedder Crossing, BC
1960	Capt M.N.	Deyette	Camp Petawawa, Ont
	Capt K.S.	Mathers	RCAF Stn Rockcliffe, Ont
1961	Capt W.E.	Russell	Camp Gagetown, NB
	Capt N.H.	Andrews	RCAF Stn Winnipeg, Man

Honour Cadet Award

The Honour Cadet Award for Third Practical Phase training was instituted in 1952, and being chosen for this distinction reflects a high standard of military proficiency and leadership potential. The candidate's attitude toward both military and clinical instruction is also considered in selection for this trophy. This award has been presented to the following officers and former officers:

<u>Year Award Presented</u>	<u>Name</u>		<u>Present Location</u>
1952	Dr. H.A.	Kinzel	Regina, Sask
	Dr. A.C.	Murchison	Ottawa, Ont
1953	Dr. K.E.	Leslie	Victoria, BC
	Dr. R.J.	MacLelland	Fenelon Falls, Ont
1954	Dr. W.D.	Sanders	Montreal, Que
1955	Dr. W.D.	McGinnis	Vancouver, BC
1956	Dr. H.J.	Sandham	Winnipeg, Man

<u>Year Award Presented</u>	<u>Name</u>	<u>Present Location</u>
1957	Capt W.B. Hudgins	RCAF Stn Camp Borden
1958	Dr. A.S. Wainberg	Montreal, Que
1959	Capt O.A. Tucker	RCAF Stn Portage la Prairie
1960	Capt H.W. Brogan	Fort Churchill, Man
1961	Capt W.E. Russell	Camp Gagetown, NB
1962	2/Lt C.M. Mason	Univ of Alberta

In 1962 Honour Cadet Trophies were awarded for the first time to the outstanding cadets taking First Practical Phase and Second Practical Phase. As announced in a previous issue, these awards were won by O/Cdt IC Wamberra of the University of Toronto for First Practical Phase and by O/Cdt H Griesbach of the University of Toronto, for Second Practical Phase.

Chief Instructor's Trophy

Although the Chief Instructor's Trophy for Clinical Proficiency is awarded to that candidate who demonstrates the best professional ability in Phase 3, careful consideration is also given to his military potential and his aptitude in performing those clinical functions peculiar to the RCDC. For these reasons, this trophy is also considered to be a military training award. It was first presented in 1960 to Capt JJPG Roussel of Camp Gagetown, NB. Since that time three officers have obtained this award, Capt GA Johnson of Camp Gagetown in 1961 and 2/Lt JMM Houde of the University of Montreal and O/Cdt RF Mori of the University of Alberta this past summer.

Selection for any of these awards is considered a high and justly earned honour and it is felt that their existence encourages the candidates to extend their best efforts during their summer periods of military training.

Reference

1. Hillier, D.H. and Brick, J.C., Military Training Program for RCDC Officer Cadets, RCDC Quarterly, 2:7-9, July 1961.

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PROFESSIONAL TRAINING IN THE RCDC

Colonel G.B. Shillington, CD, DDS, BSc, QHDS, FICD

Since 1947, when instructors for The RCDC School were being trained, it has been Corps policy to select a number of officers each year for post-graduate training. During this time a pattern in the training program has been formulated which it is felt meets not only the Corps requirements but those of the individual officers as well and has contributed greatly to the high standards of treatment expected by members of the three services.

There are several things accomplished in this training program. Of course, the primary objective is to add to the knowledge and improve the operating skill of the individual dental officer. The education of instructors for The RCDC School is a continuing commitment since the posting of such officers to other positions with

different responsibilities is a necessary part of service life and replacements must be available. From time to time the RCDC is requested to provide clinicians at meetings and conventions in various parts of the country and officers who have recently engaged in post-graduate training are better prepared to undertake such tasks. The clinical courses at the Corps School not only provide necessary instruction but also permit assessment and recommendations to be made concerning future training for individual officers.

The earliest post-graduate training for most officers in the Corps commenced with the founding of The RCDC School in Ottawa which in 1957 moved to new quarters in Camp Borden. These consisted of 4-6 week courses covering a wide variety of clinical subjects. As time passed and funds became available it was possible to add courses at Canadian and American universities; at the US Naval Dental School, Bethesda, Md; at Walter Reed Army Medical Center, Washington, DC; at Ent Air Force Base, Colorado Springs, Colorado; at the Royal College of Surgeons, London, England and a period of internship at the Doctor's Hospital, Toronto, Ontario.

Available courses vary in duration from one week to eight months. From annual reports the special training desired and required by each officer of the Corps is ascertained and then the task of finding the right courses, for those eligible and available for training, is commenced. It is policy for most officers to attend a clinical course at The RCDC School every four to five years with a shorter period in between such courses at a university or US service school. Of course, this pattern is varied to meet the requirements of those selected as future instructors.

At present, there are two serving officers who have completed post-graduate courses at a University and attained Master degrees in Public Health. They are on the staff at the Directorate and at The RCDC School. As funds become available, it is proposed to train one for each company headquarters from where he will direct the preventive program, locally.

Only recently professional extension courses have been made available to our officers through the good auspices and kindness of the US Navy Dental Corps and at present 28 are engaged in such studies, while 5 have completed this training. Most of the officers selected for these courses are from the Junior ranks.

In the five year period from 1957 to 1962 the following statistics are indicative of the efforts that have been made to ensure that RCDC officers receive their full share of refresher and post-graduate training:

<u>Teaching Institution</u>	<u>Number of Courses Attended</u>
1. University of Toronto	7
2. University of Alberta	7
3. Royal College of Surgeons, England	6
4. University of Michigan, Ann Arbor	24
5. University of Pennsylvania, Philadelphia	6
6. Tufts University	1
7. University of Washington	2
8. University of Chicago	3

<u>Teaching Institution</u>	<u>Number of Courses Attended</u>
9. The RCDC School	135
10. US Naval Dental School, Bethesda Md	29
11. US Army Medical Centre, Washington DC	7
12. US Army Medical Service School Fort Sam Houston, Texas	1
13. US Armed Forces Institute of Pathology Washington, DC	1
14. US Ent Air Force Base, Colorado	4
15. Doctors Hospital, Toronto	<u>2</u>
Total	235

This would appear to be a most enviable record of training and, from reports received, it is obvious that RCDC officers participate with enthusiasm and appreciate the opportunities to increase their professional knowledge.

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TRENDS IN CLINICAL PRACTICE

Colonel C.E. Purdy, CD, DDS

The preferred method for accomplishing any task invariably combines economy of human effort with an increase in productivity.

Time and motion studies conducted in dentistry have shown that much can be done to reduce time loss and the expenditure of physical energy. Office design, arrangement and selection of equipment should be aimed at maximum convenience. Improper arrangement results in excessive turning, reaching and other unnecessary movements. Traditional equipment was designed for the dentist to work from a standing position without the help of a chairside assistant and it becomes inefficient when he works from a seated position and fully employs an assistant at the chair. The physical requirements of both the dentist and the assistant must be considered in office arrangement to best fit the adopted pattern of work. The installation or re-location of cabinets, sinks, etc should be considered with respect to frequency of use and by whom they are to be used. A clear distinction must be made as to what items are to be used by the dental officer, the dental assistant or both to eliminate unnecessary steps or movement and to conserve time and energy. Since the dental officer's duty is to work within the mouth, most activities outside the mouth may be taken over by the assistant. An example of this concept is to dispense with the bracket table and have all instruments handed to and taken away from the dental officer at the transfer zone. Similarly, the conventional cuspidor is a time-consuming item and should be considered obsolete in the modern dental practice where the chairside assistant manipulates the oral evacuator. The institution of changes implies criticism of past practices and is often resisted because of custom and habit. However, there is a continuing requirement to examine methods of procedure to ensure that dental personnel are not to be burdened unnecessarily and that they are accomplishing the most for the energy expended.

Surveys of dental practice conducted in Canada and United States offer

conclusive proof that more than one treatment room is essential to reduce time loss and increase productivity. Although most RCDC clinics provide dental officers with a second treatment room, it is doubtful if many are used to the fullest. It is recognized that most spare treatment rooms in RCDC clinics are ill-equipped for most treatment procedures and their limited use is probably due to this reason. Custom and familiarity exert a strong influence on practice routine and improved convenience seems essential to encourage the full utilization of available space. The provision of identical or equivalent equipment in spare treatment rooms in RCDC clinics is a subject which requires further study particularly in view of the economic consideration.

The effective and complete utilization of auxiliaries in the clinical situation should provide additional working time and less fatigue. It is the responsibility of the dental officer to further train his assistant to achieve effective team work and become his second pair of hands. Familiarity with the requirements for every procedure and anticipation of the needs of the dental officer are imperative. It must first be determined exactly what tasks the assistant is expected to perform and his further training should then be directed toward this goal. Many dental students have graduated from dental schools with little or no knowledge or experience in the employment of a dental assistant. To-day, certain dental schools have introduced this subject as part of the undergraduate training and others are planning to do so. It is believed that the best way to train dentists in the effective utilization of assistants is by demonstration and practice. The inclusion of this aspect of training is under consideration for future clinical courses at The RCDC School.

The effective use of a second treatment room and the full employment of an assistant at the chair suggests that the ratio of one dental assistant per dental officer is inadequate for the efficient performance of all the tasks. Increasing this ratio thus becomes a consideration in improving clinical efficiency.

The employment of three types of dental assistants, who might be classified at "chairside", "roving" and "clerical" can be fully justified. All activities at the chair that do not demand the professional training of a dental officer should be performed by the "chairside" assistant. The dental officer and "chairside" assistant should remain at the chair and be seated on stools on opposite sides of the patient. The "roving" assistant may be required on the basis of one per two dental officers to perform those duties that are not required to be done in the immediate vicinity of the patient under treatment. These duties include the seating and dismissing of patients, the preparation of impression and filling materials, cleaning and sterilizing instruments, preparing tray set-ups, processing radiographs and similar tasks. The "roving" assistant seats the next patient in the available treatment room and has everything ready before the one being treated is dismissed. These preparations require that a recorded treatment plan be available in order that the assistant will know exactly what procedures are to be carried out at each appointment. The "clerical" assistant is responsible for such tasks as receiving patients, making appointments, recording treatment, preparing returns and correspondence and maintaining supplies. One "clerical" assistant would probably be required in a multiple chair clinic. Personnel filling each of these three roles should be interchangeable and rotated frequently to maintain efficiency and flexibility.

The training and employment of auxiliary personnel in the RCDC to carry out advanced procedures was reported by Baird, Shillington and Protheroe¹ in the October 62 issue of the CDA Journal. This preliminary report of a pilot study showed that clinical technicians could be trained in a reasonable period of time to perform certain advanced procedures under the supervision of a dental officer and that such personnel could be integrated into the clinical situation. During the period under study, the quantity of treatment rendered was increased significantly and the concept of a well co-ordinated team whose activities were

interdependent was clearly demonstrated.

In August 1962, the Director General of Dental Services authorized The RCDC School to conduct a study to further examine the dental team concept with the aim of determining:

- a. the practicability of employing such a team in the RCDC clinical situation;
- b. the optimum size and composition of the team;
- c. the range of activity and contribution of each member of the team;
- d. the equipment and accommodation requirements for their most effective employment; and
- e. the co-ordinating requirements of such a team as they relate to patient control, treatment planning and clinic management.

The dental clinic at RCAF Station Camp Borden was selected as the location for the study which commenced in Oct 62. This clinic is close enough to The RCDC School to be used for demonstration and instructional purposes after completion of the study in 1963.

In the final phases of the study, six treatment rooms will be utilized and the team will comprise two dental officers, four dental assistants, a laboratory technician, a dental technician clinical and a technical dental therapist. The scope of training and manner of employment of the therapist has been described by Baird, Shillington and Protheroe.¹ The team concept embodying the full utilization of auxiliary help should offer the dentist an opportunity to restrict his activities to those essentials which require his training, skill and judgement. It should permit a higher volume of dental service with less fatigue to the dentist and reduce to a minimum idle time caused by unnecessary delays. Reaching, turning and walking on the part of the dental officer should be largely eliminated while a patient is undergoing treatment. In addition, it should offer the opportunity to provide a better quality of dental service. Many important treatment procedures are now neglected or deferred because of treatment requirements of higher priority. The team concept should permit the dental officer more time for preventive procedures, occlusal equilibration, more complete case histories, gold foil restorations and other important but often neglected aspects of a dental service. Maximum accomplishment in a given period combined with high quality and reduced fatigue should meet with favourable patient acceptance.

The current study is concerned with economy of time, money and energy and should result in the formulation of new principles applicable to clinical practice in the RCDC.

Reference

1. Baird, K.M., Shillington, G.B. and Protheroe, D.H.
Pilot Study on the Advanced Training and Employment
of Auxiliary Dental Personnel in the RCDC:
Preliminary Report CDA Journal 28:626, October 1962.

TISSUE SIMULATION ON CAST CHROME-COBALT DENTURES

Sgt C Johnston

To produce an excellent life-like tissue simulation on cast Chrome-cobalt dentures the following technique is suggested:

1. Dissolve 1 dwt of scrap from the Pre-formed Plastic Patterns (Cat No 13-41 to 13-43) in 4 cc of acrylic monomer.
2. Use this solution to paint the waxed up area to be simulated, making sure that it is applied evenly and not too thinly.
3. Let dry for about 30 seconds.
4. Using a brush, artist, #3 (Cat No 8-60), held at right angles, lightly jab at the surface, allowing the brush to flare slightly. The solution will adhere to the brush and be drawn up in such a manner as to produce a tissue-like effect.
5. Invest and cast in the usual manner.

The simulated area is finished with the Ti-polisher and with a stiff bristle brush mounted on the polishing motor. The Pl2B metal-centred brush is preferred and is used with the two grades of chrome-cobalt polishing compound. Since trimming, burring or rubber wheeling of the simulated area is not necessary, there is a considerable saving in the time required to finish a case.

The surfaces of cast dentures treated in this manner are smoother, have no food traps such as are created in other methods of stippling, and are more tissue-like in appearance. Incidentally, this solution can also be used as an excellent adhesive in waxing up.

AIMS AND PRACTICES OF PREVENTIVE DENTISTRY IN THE RCDC - *PART ONE

Lt Col DH Hillier, CD, DDS, MPH

Introduction

Current dental literature 1 - 6 provides evidence of the thoughtful consideration being given by the profession to formulate and activate methods to meet the increasing demand for dental treatment. In this regard, measures have been suggested to:

- a. augment the number of dentists;
- b. broaden the scope of auxiliaries;
- c. adopt formal training requirements for auxiliaries;
- d. improve equipment techniques; and
- e. streamline office procedures and work habits.

* Presented at the DGDS Conference, Ottawa Dec 62

The Royal Canadian Dental Corps is fully aware of the backlog of dental disease in the Canadian Armed Forces and is actively engaged in developing and adopting methods to increase the provision of dental treatment.⁷ Accordingly:

- a. the prospects for significant additions to the dental officer strength over the next few years are excellent;
- b. the numbers and responsibilities of auxiliary personnel are being expanded;
- c. all dental auxiliaries receive formal training at The RCDC School;
- d. the facilities of The RCDC School are adequate to meet any anticipated demands; and
- e. the Corps teaches the most advanced and rapid techniques and provides the most suitable equipment for the purpose.

The Need for Preventive Dentistry

There is a growing awareness 8 - 10 however, that despite the best efforts possible to improve the potential for restorative treatment, the dental health of the population will deteriorate unless significant and widespread reductions are made in the incidence of dental disease. If, indeed, the only solution is to be found in prevention, it is incumbent on dental research personnel to develop more precise and effective preventive measures and it is equally important that dental administrators and practitioners advocate and utilize to the greatest extent possible all worthwhile measures currently available.

This is by no means a new or even a recent concept and the Corps has devoted considerable time and energy to this aspect of dental practice for a number of years. It appears to be timely, however, to review the aims and methods of preventive dentistry, to describe current activities in the RCDC and to consider some possible changes in emphasis and direction.

The Deterrents Encountered

The ultimate aim of preventive dentistry is to put an end to all those conditions which interfere with optimal oral health. As in preventive medicine, this aim must be pursued one step at a time. This is not to say that each disease must be eliminated in sequence, but rather that specific measures must be developed for specific conditions. However, unlike preventive medicine, which has considerable public support and has had such specifics universally accepted and utilized, there is no clamour for the prevention of most dental diseases and, indeed, the public is, at best, apathetic concerning those means which already are proven to be of value.

Although at the present time certain periodontal diseases and many of those conditions which require orthodontic correction cannot be prevented, methods are available whereby dental caries can be eliminated or at least drastically reduced. These methods have been well documented for many years and yet have never been generally accepted by the public. One of the major reasons for this resistance appears to be the drastic changes in accepted patterns of life which are required by such therapies. These changes are in conflict with established and deep-rooted ideas, habits and customs, and they elicit not only apathy but also may evoke considerable antagonism. For example, many authorities

have indicated that the elimination of refined carbohydrates from the diet will abolish dental decay. This regimen introduces such a drastic change in established eating habits that it received limited voluntary acceptance, even within the profession, and would be neither acceptable nor practical through legislative action. A further example of this phenomenon lies in the opposition to fluoridation, a process which requires no active participation or denial on the part of the individual.

Increased Efforts in Preventive Practice Required

It appears, therefore, that concomitant with the search for new and more effective preventive measures there is a need to condition the public to accept and utilize those procedures which are already available.

In this regard the profession has a logical commitment which can best be met through direct contact with the individual patient. One authority¹¹ has expressed the opinion that to be effective, the concept of prevention should pervade every facet of clinical practice and it follows that all treatment procedures should be considered in terms of their preventive as well as their reparative significance. It is felt that the Corps must progress steadily toward a broader application of this point of view if the Canadian Armed Forces are to receive the best possible standard of dental care.

Current Preventive Practices in the RCDC

Treatment-Planning

Preventive dentistry as an entity in the Corps can be traced back to 1949 when a precise method of treatment-planning was developed at The RCDC School. Detailed instructions were presented, through which dental officers were encouraged:

- a. to perform a systematic and complete examination and diagnosis for each patient;
- b. to develop a comprehensive, phased treatment plan; and
- c. to render treatment in accordance with that plan.

This development laid the groundwork for policies of preventive dentistry through its emphasis of the "whole-mouth" concept and on the inter-relationships which exist between the various specific conditions in the mouth.

Dental Public Health Officers

The need for officers versed in the methodology of public health dentistry was recognized and acted upon in 1951 when the first Dental Public Health Officer was trained and appointed to the Directorate Staff. Since that time, the incumbent of this position has been responsible for planning, coordinating and evaluating the activities of the Corps in preventive and public health dentistry.

Dental Technician Clinical

Further progress was made in this field in 1954 when the trade of Dental Technician Clinical was approved. It had become obvious that the shortage of dental officers and the heavy treatment load required that, if the benefits of routine prophylaxis and patient education in oral hygiene were ever to be made widely available to the Armed Forces, these services would have to be carried out by auxiliary personnel. In the intervening years since these tradesmen were first employed, they have proven to be most valuable additions to the clinic staffs and

their worth is partially attested to by the 230 per cent increase in the number of prophylaxis given each year.

Public Health Programmes

In 1959 the first of a series of Corps-wide public health programmes was conducted. With the Directorate providing general guidance and certain educational materials, each clinic has, through lectures, films, posters, oral examinations and various other means, focused attention on oral hygiene and on the services provided by the RCDC. It has been the purpose of these concentrated efforts:

- a. to impress upon servicemen and their dependents the need for and value of the "home care" measures which they can carry out to improve their dental health;
- b. to inform officers and senior non-commissioned officers of, and motivate them to accept their responsibilities with regard to the dental health of men under their command;
- c. to impress upon teachers in Department of National Defence Schools their responsibilities in the field of dental health education and to supply them with information and materials to assist them in this task; and
- d. to impress on parents the necessity for regular and frequent dental examinations and treatment for their children.

These programmes have been well supported at all levels both within the Corps and elsewhere and the enthusiasm and ingenuity demonstrated by the clinic personnel in their planning and conduct is worthy of particular mention.

Fluoridization

The fluoridization study conducted by Major DH Protheroe at Kingston¹² represents a significant contribution to dental research and the findings were largely responsible for the recent policy directive whereby all suitable recruits in the Canadian Forces receive an application of 8 per cent stannous fluoride. The reduction in dental caries that may be anticipated through this measure should justify the additional workload placed on the clinics concerned.

The Corps has also been active in providing dental checks for the pupils of Department of National Defence Schools, in fluoridization for RCDC dependents after normal clinic hours, and in various other ways promoting a preventive service. The record of the RCDC in the field of preventive dentistry is one of which it can be proud. However, if the maximum benefits are to be realized, these concepts must be continuously revised and extended.

Some methods by which preventive practice in the Corps might be improved and extended, will be published as Part 2 of this article in the next issue of the Quarterly.

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WINTER CARNIVAL IN GOOSE BAY

Capt JF Begin, DDS

Goose Bay is a "friendly, little, isolated, jointly-operated" RCAF and USAF SAC base about 800 miles north-east of Montreal and 100 miles inland from the Labrador coast. It is nestled under two chains of mountains on a sand plateau between the Hamilton and Goose rivers and overlooking Melville Lake.

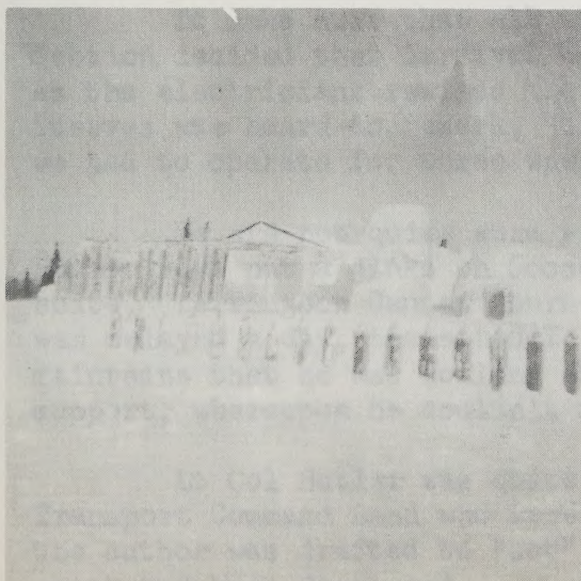
The winters are long, cold and snowy, the snow of mid-October remaining until early May. Apart from the Summer shipping season from mid-June to early November the base is isolated from the outside world except for a twice-weekly service flight from Montreal.

Though an outsider may think that life here is lonely and dreary, be assured that such is not the case. Anyone who has visited or been stationed at "the Goose" will vouch for the atmosphere, the warmth, the enthusiasm, the "je-ne-sais-quoi" which greets one upon arrival and is a constant companion throughout the tour. There is not time to be lonely or to covet life "on the outside". As an example of this, the recent Winter Carnival, which is quickly becoming the event of the year, was a bigger success than ever.

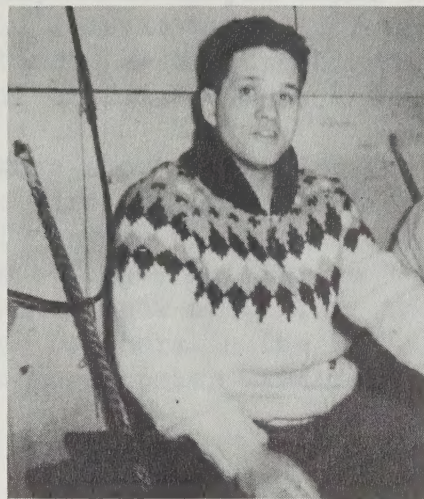
The Goose Bay Winter Carnival takes place during the third week of February. It consists of inter-Mess competitions in eleven sporting events with the stress on sportsmanship and mass participation. This year the events included hockey, broomball, volleyball, badminton, skiing, curling, snowshoeing tobogganing, beard growing, ice-fishing and bowling.

As an added feature this year the personnel of No 6 Dental Clinic were pleased to welcome Brig KM Baird and Lt Col JG Butler, who participated in a Sniff and Snort Curling Match. To quote Lt Col Butler, "I thought this was going to be serious curling until someone tripped me coming out of the hack".

The personnel of the dental clinic participated fully. Maj Fell, with the aid of experience gained in carving amalgams, helped the officers take second place in ice sculpturing. Sgts Robertson and Innis were very pleased when they trimmed Capt Begin and his mates 12 to 1 in hockey and then trounced Capt Parent and his team in volleyball.



No doubt this was sweet revenge for the defeats we inflicted on them last year. The luckless officers couldn't even win the ice fishing competition. Pictured below, are Capt Begin, Sgt Innis and Sgt Hussey trying their luck.



(The dental clinic has its own fishing shack with oil heater and electricity, thanks to the efforts of Maj "Mac" Smith and Capts Turcotte and Vincent). We did, however, succeed in downing the Sgts in broomball.

LAW Steeves was a real busy bee, participating in almost every event for the "Labrador Club", and winning the respect and admiration of all for her ability. Sgt Tom Hussey, after leading the Sgts' cheering section last year with great gusto and volume, participated in a more subdued fashion this year as a spectator since he is not yet accustomed to recent changes in his dentition.

Dog team rides for the kiddies proved to be a great success and the Ice Capades, in which youngsters from five and up participated, was as popular as ever.

To make sure that all the dental staff were free to take part, the C.E. Section decided that Carnival Week would be a good time to renovate the clinic. As the electricians rewired the building and the carpenters jacket it up, LAW Steeves was heard to remark, "they couldn't have picked a better time". Though we had to operate for three weeks on an emergency basis we all heartily agreed.

We are not quite sure yet but it seems that Brig Baird and Lt Col Butler have put a jinks on Goose Bay. Shortly before their arrival the Vip suite, "Terrington Center" burned to the ground and ever since their aircraft was delayed a day, the schedule hasn't been the same. In addition, Maj Fell maintains that he was bowling above average until they walked in to lend moral support, whereupon he couldn't manage a spare, let alone a strike.

Lt Col Butler was quite pleased to renew old acquaintances in the Transport Command Band who were up from Downsview for the Carnival. As a result the author was drafted to "set" the "jawbone of an ass" (a percussion instrument) which had been fractured.

The personnel here were expecting F/S Dot Pierce to visit them since she had been so deeply involved in organizing and participating in last year's Carnival Week. However, the warmer climate of Greenwood, N.S., must have proven more attractive.

When asked by G/C Kenny, our Commanding Officer, what he thought of Goose Bay, Brig Baird replied, "When do you work?", and then added, "When does the Spring Carnival begin?". This is typical of the conversion that takes place here during Carnival time. We are one big happy family working hard and playing hard in a true spirit of friendliness and sportsmanship.

When asked how one goes about extending for a year in Goose Bay, Lt Col Butler jokingly replied "the first thing we do is get you out to Montreal for a psychiatric examination". To anyone who hasn't been swept up by the go, go, go of the life here, this might be true, but for us "loonies" in "the Goose", give us the clear fresh air and white snow of winter, the fishing of Summer, the wonderful friendliness of our brothers in the RCAF and the opportunity to participate in and enjoy one more Winter Carnival.

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FIRST RCDC BONSPIEL A SWEEPING SUCCESS



"Wonderful!"; "The most fun I've had in years!"; "I wouldn't have missed it"; were just a few of the superlatives overheard during the First Annual RCDC Bonspiel held at the "Old Curling Club", Camp Borden on Sat 9 Mar 63 when twelve rinks from Ottawa, Winnipeg, London, Camp Petawawa and Camp Borden gathered to compete for the Wansbrough Trophy.

This magnificent trophy was presented to the Corps by Brig EM Wansbrough, OBE, MM, ED, CD for annual competition by members of the RCDC Regular and Militia.



It was particularly appropriate that Brig Wansbrough was present to personally present the trophy and first prize to this year's winning rink skipped by SSgt AF Davison from No 1 Dental Equipment Depot, Camp Petawawa. Other members of the team were: SSgt TW Sullivan, vice; WO1 VO Bergland, second; and Capt MN Deyette, lead.

Prizes were also provided for second and third places in the event as well as a consolation prize.



The consolation prize, given for the high aggregate score for a one game winner, was won by Lt Col GB Windsor's rink from London consisting of WO2 JJ Milby, vice (borrowed from The School); Sgt WLM Williams, second; and Pte JB Llewellyn, lead.

Brig KM Baird, DGDS was on hand to present these with fitting ceremony. Second and third prizes were claimed by rinks from The RCDC School, with second going to Maj JJN Wright's rink comprised of Capt A Van Ryssel, vice; Lt Col WR Thompson, second; and WO2 EM Lobb, lead.



Third prize was captured by the Maj PS Sills rink with Capt CA Casterton, vice; Maj DH Protheroe, second; and Capt DG Cartwright, lead. Missing from photograph is Maj DH Protheroe.



The consolation prize, given for the high aggregate score for a one game winner, was won by Lt Col GE Windsor's rink from London consisting of WO2 HC Bilbey, vice (borrowed from The School); Sgt KLM Wallace, second; and Pte RS Lindsay, lead.

It was particularly gratifying to have No 14 Dental Coy, Winnipeg so well represented. Their attendance contributed much to making the 'spiel such a rousing success. It is hoped that the other Coys can do as well next year. Members of the 14 Coy rinks were as follows:

Major LA Richardson	Skip	Major JA Lauziere
Lt HF Doyle	Vice	SSgt AJA MacFarlane
Major RJ Bryant	Second	Sgt KE Laurence
Capt GJ Moore	Lead	Sgt FJ Reid

Special mention must also be made of the Militia rink from No 55 Dent Unit, London comprised of Capt T Temple, skip; Maj A Black, vice; Capt C Whitman, Second; Capt W Van Alstyne, lead; and Capt K Mathews as spare. Although they didn't win any silverware, this rink's good sportsmanship and humour added considerably to everyone's enjoyment.

The Directorate and environs were also well represented by two excellent rinks skipped by Maj AW Brusso and WO2 MB Fisk. Brig KM Baird played vice for Maj Brusso, Col IAL Millar was second and Lt Col SG Bagnall lead. The Fisk rink was comprised of Major JMA Donely, vice; Major HR Kettlys, second; and Lt Col DH Hillier, lead.

The RCDC School managed to field four rinks. In addition to the prize-winners previously mentioned, Col CE Purdy and Sgt RF Matheson skipped two strong entries. Capt RR Troxell, USN (DC) was vice skip on Col Purdy's rink along with Maj JM Smith, second; and Maj EMC Franklin, lead. Sgt Matheson's rink had WO2 TM Jackson as vice, Sgt HD Wagstaff, second and WO2 RWM Hall, lead.

Last but not least, was a rink from Camp Petawawa skipped by SSgt JA Fraser which narrowly missed placing third in the competition. Other members of this team were: Cpl DB Loosley, vice; Sgt RJ Goodwin, second; and Capt AJJC Vachon, lead.

The Bonspiel Committee deserves much credit for their contribution. This committee was under the Chairmanship of Capt CA Casterton with Capt A Van Ryssel, WO2 HC Bilbey and WO2 TM Jackson as members. WO2 EB Morse acted as official for the bonspiel. The "Old Curling Club" was obtained for the exclusive use of the Corps which gave a private club atmosphere to the event. Luncheon and dinner were served in the club lounge so it was not necessary for curlers to leave the building. Refreshments were also available throughout the day.

Most of the participants for the bonspiel arrived in Borden on the previous afternoon. As a consequence, there were parties held at the officers' and sergeants' messes for the visitors. Old acquaintances were renewed, a certain amount of "shop talk" was indulged in, and in the Officers' mess at least, there was "curling" on the billiard table. This most enjoyable prelude to the Saturday activities, didn't appear to affect the quality of the game very much.

The First Annual RCDC School Invitational Bonspiel, to give it its full name, must be considered an unqualified success. Congratulations are offered the winners and condolences to the less fortunate. However, more important, this event was particularly significant in that it brought together 48 members of the Corps as curlers, which, in addition to non-curling members of the staff of The RCDC School and course candidates made it one of the largest peacetime gatherings of RCDC personnel. Once again, the RCDC owes gratitude to Brigadier Wansbrough for a well-conceived idea which has contributed measurably, and will continue to contribute, to the esprit of the Corps.

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WELCOME TO THE CORPS

A warm welcome is extended to the following new members of the RCDC and RCAF Airwomen:

Capt	AG	MacKenzie	- to HMCS Stadacona
Capt	IM	Hamilton	- to HMCS Shearwater
Cpl	HJ	McKinnon	- to Griesbach Barracks
Pte	RT	Buncombe	- to DGDS
Pte	JF	Hill	- to RCAF Stn St Hubert
Pte	H	McRae	- to HQ Calgary Grm
Pte	RJ	Rutledge	- to Camp Picton
Pte	RD	Veinot	- to Camp Petawawa
LAW	MFE	Audet	- to RCAF Stn Goose Bay
LAW	E	Byrne	- to RCAF Stn Winnipeg
LAW	MM	Dann	- to RCAF Stn Namao
LAW	FM	Lamont	- to RCAF Stn Cold Lake
LAW	PJJ	Lockyer	- to RCAF Stn Trenton
LAW	EC	McRae	- to RCAF Stn Downsview
LAW	FB	Schmaltz	- to RCAF Stn St Hubert
AW2	MYC	Lachance	- to RCAF Stn Parent
AW2	EM	Romanick	- to RCAF Stn Camp Borden

PROMOTIONS

Congratulations are extended to the following personnel who have been promoted recently:

F/S	PE	Savage (RCAF)	- to WO2
Sgt	AS	Field	- to Ssgt
Sgt	VR	Kidd	- to Ssgt
Sgt	SE	Robertson	- to Ssgt
Sgt	JH	Sadler	- to Ssgt
Pte	HH	Nogler	- to Cpl

RELEASES AND RETIREMENTS

Best wishes for the future are extended to the following RCDC and attached personnel who have retired or taken their release in the past three months:

Sgt	DM	Hamilton	- Fort Osborne Bks Winnipeg
Sgt	BH	Sims	- RCAF Stn Downsview
Cpl	JWW	Broomfield	- RCAF Stn Trenton
LAW	A	Skubiak	- RCAF Stn Winnipeg
AW2	SC	MacDonald	- RCAF Stn Winnipeg
Mrs	I	Johnston(Pt V Civ)	- Longueil PQ

POSTINGS

The following movement of personnel has taken place recently:

Capt	PP	Morin	-	to Griesbach Bks, Edmonton from Cold Lake
WO2	TL	Batten	-	to RCAF Stn Camp Borden from RCDC School
WO2	PL	Gourlay	-	to Fort Chambly from HQ 4 CIBG
Sgt	M	Beauvais	-	to RCDC School from RCAF Stn Camp Borden
Sgt	RD	D'Eon	-	to HQ 4 CIBG from Fort Chambly
Sgt	DT	Moran	-	to HQ 15 Dent Coy from CBUME
Sgt	FJ	Reid	-	to RCAF Stn Winnipeg from FOB Winnipeg
Sgt	EL	Schell	-	to Halifax from CBUME
Sgt	G	Shechosky	-	to CBUME from RCAF Stn Winnipeg
Sgt	EPH	Sprathoff	-	to CBUME from 25 COD Longue Point PQ
Sgt	GH	Storms	-	to FOB Winnipeg from CBUME
Cpl	CstC	Sabine-Paisley	-	to Camp Petawawa from AFHQ Ottawa
Cpl	B	Vandervaart	-	to CBUME from DGDS Ottawa
Pte	JB	Arsenault	-	to HMC Dockyard from HMCS Stadacona
Pte	NJ	Cable	-	to RCAF Stn Winnipeg from RCDC School
Pte	JF	Giroux	-	to 3 Det RCAMC Que from RCDC School
Pte	GMR	Gravel	-	to HMCS Stadacona from RCDC School
Pte	DW	Griffiths	-	to HQ Cal Grn from Edmonton
Pte	WD	Horne	-	to HMCS Shearwater from RCDC School
Pte	JPA	Lambert	-	to RCAF Stn Trenton from RCDC School
Pte	LI	MacLean	-	to HMCS Naden from HQ BC Area Vancouver
Pte	LH	Pion	-	to HMC Dockyard from HMCS Stadacona
Pte	LA	Russell	-	to Fort Churchill from FOB Winnipeg
Pte	H	Snutch	-	to RCAF Stn Trenton from No 1 Dent Eqpt Dep
Pte	PD	Whynott	-	to Camp Petawawa from No 1 Dent Eqpt Dep
LAW	MN	Boles	-	to RCAF Stn Parent from RCAF Stn St Jean
LAW	LS	Reed	-	to RCAF Stn Downsview from RCAF Stn Camp Borden
AW1	JM	Stangowitz	-	to RCAF Stn Trenton from RCAF Stn Cold Lake
AW1	SM	Thiele	-	to RCAF Stn St Hubert from RCAF Stn Cold Lake
AW2	MYC	Lachance	-	to RCAF Stn Parent from RCAF Stn Namao
AW2	DN	Scarborough	-	to RCAF Stn Parent from RCAF Stn Bagotville

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TRAINING

Corps personnel have recently undertaken the following training:

US Naval Dental School, Bethesda, Md

Oral Surgery	-	7 Feb - 21 Feb 63	-	Maj	PL Falkner
Periodontia	-	25 Feb - 14 Apr 63	-	Maj	RA Fell
Oral Surgery	-	8 Apr - 12 Apr 63	-	Capt	GT Crossman
Crown and Bridge	-	15 Apr - 19 Apr 63	-	Capt	DDR Girard

US Army Medical Centre, Washington, DC

Advanced Dentistry	14 Jan - 3 May 63	-	Maj	DH Skinner
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ENT Air Force Base, Colorado Springs, Colorado

Cogswell Oral Surgery - 18 Feb - 1 Mar 63 - Maj GIJ Bisaillon

University of Oregon, Portland, Oregon

Periodontology and
Occlusal Equibrilation - 11 Feb - 14 Feb 63 - Capt DG Gardner

RCSME Vedder Crossing, BC

Arrow Diagramming - 3 Apr - 17 Apr 63 - Lt Col DH Hillier

CJATC Rivers, Man

Basic Parachutist Course - 9 Mar - 29 Mar 63 - Capt HW Brogan

RCDC School, Camp Borden, Ont

Officers Casualty Care - 14 Jan - 18 Jan 63

Officers Clinical - 21 Jan - 15 Feb 63

Lt Col	WW	Anglin
Lt Col	CM	Cornish
Maj	PAP	Fafard
Maj	DE	McDermott
Maj	RJK	Pyne
Maj	Q	Davis - US Army (DC)
Capt	WA	Sugars

Officers Casualty Care - 4 Mar - 8 Mar 63

Officers Clinical - 11 Mar - 5 Apr 63

Maj	JD	Bourque
Maj	JC	Brick
Maj	EMC	Franklin
Maj	JI	Gordon
Maj	J	Schmitz - US Army (DC)
Maj	JJ	Walker

Dental Technician Clinical Group 3 - 14 Jan - 28 Jun 63

Sgt	HK	Drawe
Sgt	RJ	Lowery
Sgt	RF	Matheson
Sgt	HEW	Reid
Sgt	HD	Wagstaff
Miss	IM	White

Dental Technician Laboratory Group 1 - 14 Jan - 31 May 63

Cpl	CVS	Forsythe
Cpl	JRR	Roy
Pte	DJ	Davies
Pte	A	Girouard
Pte	DH	Hardy
Pte	DC	Hughes

RCASC School, Camp Borden, Ont

Senior NCO Course - 14 Jan - 8 Mar 63

Sgt	AL	Strub
Cpl	JG	MacPhee
Cpl	TW	Thrasher
Cpl	RS	Walker

Senior NCO Course - 21 Jan - 15 Mar 63

Cpl	ES	Beattie
Cpl	A	Schuh
Cpl	AE	Werkman

Command Junior NCO Courses

Cpl	RB	Johnson
Cpl	JM	MacLean
Pte	DF	Middleton
Pte	RE	Thompson

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VITAL STATISTICS

RCDC SCHOOL

Births

To Pte and Mrs DE Fraser, a daughter, Eunice Marie, born 31 Dec 63.

Marriages

Pte GN Fathers was married to Darlyn Ann Beno at Camp Borden, Ontario on 16 Feb 63.

Hospital

Capt CA Casterton for follow-up examination 20 to 25 Jan 63.

WO2 EB Morse discharged hospital 30 Dec 62. Re-admitted 30 Jan 63 for further treatment and discharged to duty 22 Feb 63.

Sgt Beauvais admitted CBSH during period 13 Mar - 29 Mar 63.

Pte Davies admitted CBSH for period 14 Mar - 19 Mar 63 for observation of a knee ailment.

NO 1 DENT EQPT DEP

Births

To Lt and Mrs EA Church, a daughter, Theresa Ann, on 15 Feb 63.

Hospital

Major JW Fletcher - 16 Feb to 1 Mar 63.

VITAL STATISTICS (cont'd)11 DENT COYBirths

To Capt and Mrs M Petryk, a daughter Susan Catherine, born 11 Feb 63.

Marriages

Capt AG Garden was married to Miss Tanis Murray, in Calgary on 16 Mar 63.

12 DENT COYBirths

To Capt and Mrs WE Russell, a son, born 30 Dec 62.

To WO2 and Mrs H Thorsson, a daughter, born 16 Jan 63.

To Cpl and Mrs CM Martell, a daughter, born 7 Feb 63.

To Pte and Mrs JH Thorburn, a daughter, born 13 Feb 63.

Hospital

The following personnel have been hospitalized since the last issue:

Ssgt	RG	Stewart
Sgt	JE	Clark
Cpl	RG	Brighty
Pte	RG	Moffatt
LAW	HL	Brooker

13 DENT COYBirths

To Lt Col and Mrs RHG Cunningham, a son, born 14 Mar 63.

To Maj and Mrs AG Andrews, a son, born 26 Mar 63.

To Capt and Mrs KSM Mathers, a son, born 26 Jan 63

To Capt and Mrs AJCC Vachon, a daughter, born 12 Dec 62.

Marriages

WO2 DW Riddell was married to Miss Patricia Veronica Curtin at Ottawa, on 2 Feb 63.

Pte RA Garnhum was married to Miss Betty Jean Fallowfield at Trenton, on 26 Jan 63.

Hospital

Capt	JLY	Cyrenne	- 27 Jan 63 -
WO2	PE	Savage	- 21 Jan 63 -
Pte	JR	Powell	- 31 Jan - 19 Feb 63
Cpl	GAMJ	Ridley	- 8 Jan - 25 Jan 63

14 DENT COYBirths

To Capt and Mrs OA Tucker, a daughter Stephanie Ann, born 27 Feb 63.

To Mrs Chris (Nina) Jakubowicz, dental nurse, a daughter Renata Maria Anna, born 7 Mar 63.

Hospital

The following personnel have been hospitalized recently:

Capt	HJ	Caskin	-	7 Jan - 11 Jan 63
Sgt	FR	Taylor	-	4 Mar 63 -
Lsgt	N	Demedash	-	17 Jan - 4 Feb 63
Cpl	DL	Kerr	-	3 Jan - 29 Jan 63

15 DENT COYBirths

To Sgt and Mrs MD Crockett, a son William Donald, born 1 Mar 63.

Hospital

Sgt	E	D'Avignon	-	18 Mar - 26 Mar 63
Pte	G	Drapeau	-	16 Jan - 25 Jan 63

4 FD DENT COYHospital

Sgt	MO	McDonald	-	20 Feb - 25 Feb 63
Sgt	JG	Moore	-	13 Feb - 22 Feb 63

35 FD DENT UNITMarriages

LAW SAM Biglow was married on 2 Mar 63 to LAC AJ Ruzyski of No 2 Wing, at Bistroff, France.

Hospital

Maj	IW	Susser	-	3 Feb - 12 Feb 63
Capt	JG	Boucher	-	25 Mar 63 -

DIRECTORATE NEWSDuty Trips and Visits

Colonel GB Shillington visited The RCDC School early in February to interview personnel attending courses at that time. Prior to this visit to Camp Borden, he had attended meetings of the American Denture Society being held in Chicago.

Brigadier KM Baird commenced an inspection tour of No 15 Coy RCDC(R) in February accompanied by Lt Col JG Butler. Clinics were visited in Quebec City, Camp Valcartier and RCAF Stn Goose Bay, Lab. Brigadier Baird later proceeded to The RCDC School to interview candidates attending courses on Mar 7 and 8. Spending the week-end in Camp Borden to take part in the bonspiel for the Wansbrough Trophy, he returned to Montreal to complete the inspection of the clinics in that area.

During the first two weeks in April, Brigadier KM Baird inspected No 4 Field Dental Company and No 35 Field Dental Unit. The journey to and from Europe was made by RCAF Yukon.

Lt Colonel GR Covey is conducting the 1963 General Efficiency Competition for Militia Dental Units in the following cities: Saint John, Montreal, Ottawa, Toronto, Winnipeg, Edmonton and Vancouver.

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THE RCDC SCHOOL NEWS

US Navy Dental Officer Completes Exchange Duty at RCDC School

Captain Richard R Troxell, Dental Corps, United States Navy completes a two year tour of duty in July 1963 as exchange officer at The RCDC School. He will be returning to the US Naval Dental School, Bethesda, Md. to assume an appointment on the staff.



Captain Troxell arrived in Camp Borden in August 1961 and in the intervening period has become a popular and well known figure in civilian and military professional circles. During the past year he assumed the duties of Chief Instructor at The RCDC School as well as head of the Department of Restorative Dentistry. His supreme effort and generous contribution in both fields will have a lasting effect.

His vitality and warmth have created for him many lasting friendships. His host of Canadian friends regret his departure but join in wishing him all success in his new appointment.

Hardware Missing

The School trophy cabinet seems bare after a disastrous series of games with various groups, including course personnel and the CFMS Training Centre.

The coveted curling trophy presented in 1960 for competition between the officers clinical course and the School staff has recently been returned from the engravers with such names on it as: Cornish, Anglin, Fafard, Pyne, Sugars, Davis and McDermott. This trophy has been won only once by the School staff - in 1961.

The Garth C Evans trophy for curling supremacy between CFMS and RCDC officers was won for the first time this year by our confreres in the Medical Service. Skips and members of the two School rinks have requested to remain anonymous.

The School WOs and Sr NCOs did their best to reclaim some of our losses in their Mess competition for the Viau trophy but were denied by Lady Luck, so we're told.

The best we could do this year was second and third in the Corps bonspiel, details of which are published elsewhere in this edition.

Major Murray on Road to Recovery

Major Bill Murray's many friends will be glad to know that he was released from Toronto Military Hospital on 12 Apr 63. Injured seriously in an automobile accident last December, Major Murray is presently at home on sick leave and is getting around on crutches.

NO 1 DENTAL EQUIPMENT DEPOT NEWS

Sports

No 1 Dent Eqpt Dep Curling Team consisting of: Ssgt Davison - Skip, Ssgt Sullivan - Vice, WO1 Bergland - 2nd and Capt Deyette - lead, proceeded to Camp Borden for the First Annual RCDC Invitational Bonspiel, on 9 Mar 63, and won the Wansbrough Trophy after a tough battle. Our congratulations for this fine showing.

Two of our civilian female personnel have all but qualified for the NHL. Mrs Rita Little and Mrs Thelma Gendron played hockey this season for the Guards' Wives Hockey teams, with Rita on defense and Thelma in goal. They did an excellent job, both in winning their games and in providing entertainment for all of us.

11 DENT COY NEWS

Training

Sgt Nicholson is a member of the HQ BC Area team which recently came first in the Mary Otter trials for first aid in that area. It is hoped that they will do well in the forthcoming National Competition.

Curling

The curling stones and bowling balls have been dropped for another year in this portion of Canada and personnel of No 11 Dent Coy have a number of trophies to show for their hard work.

Cpl RA Neill, with Cpl HJ McKennon, as second, won the "D" event of the Western Command Bonspiel and Sgt RH Palmer was a member of the team winning the "C" event. Majors Richardson and Carter, Capt Moore and Sgt Kennedy also were among the prize winners.

12 DENT COY NEWS

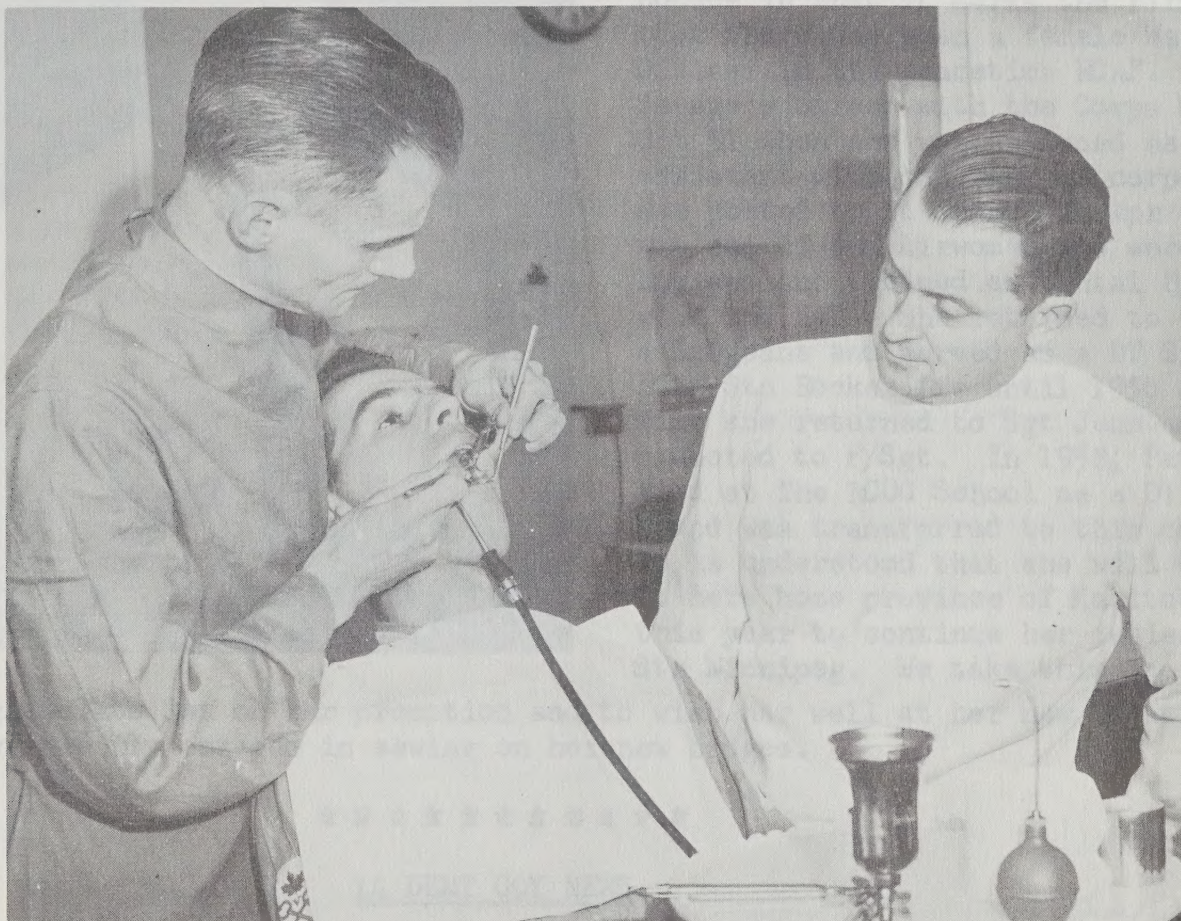
Sports

Major HG Bunston has been appointed Volleyball Chairman and coach of the RCAF Greenwood team and Capt George Crossman will serve as tournament chairman for golf at the same station.

With the curling season over for another year, we look back on a successful season which was highlighted by Capt Jack Quackenbush winning the Stadacona Curling

Club championship. Other winning rinks were represented by Sgts Earl Schell and Harold Kirby at the RCN Atlantic Command Bonspiel and by Capt Syd Campbell and his dental assistant Marion A MacWilliam, who won their first curling prize at the closing bonspiel at Stadacona. The last we heard, Capt Ron Lewis was still undefeated in the inter-port curling at Cornwallis.

COY PERSONNEL FEATURED IN PRESS RELEASE



A recent news release by the RCN provided the first know general publicity to the proposed new trade of Technical Dental Therapist. The study currently being conducted at HMC Dockyard was outlined and Major Dyer's favourable comments on the work of WO2 Thorsson were cited. The photograph which accompanied the article shows WO2 Thorsson filling a cavity for P/O RM Tizzard while Major Dyer, who prepared the cavity, looks on.

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13 DENT COY NEWS

Presentation

The joint presentation by Major AG Andrews of 14 Clinic RCAF Station Rockcliffe and W/C Robinson of a paper titled "Cystic Invasion of the Maxilla," was delivered March 27th at the CFMS Conference in Victoria, BC.

Former Officer Returns

A warm welcome is extended to Lt Col SK Oldfield (Retired) who has rejoined the Corps on a per diem basis and is employed at No 28 Clinic RCAF Station Downsview.

FIRST FEMALE WARRANT OFFICER IN THE RCAF



The recent promotion of WO2 Pat Savage, DT Clin at RCAF Stn Trenton, to that rank is worthy of particular notice in that it marks the first time that there has been a female Warrant Officer in the peacetime RCAF. WO2 Savage's career with the Corps began in Oct 51 when she was enlisted as a dental assistant with the rank of corporal and was posted to St Jean. In Apr 54 she was one of two Airwomen who were sent to England and trained as Dental Hygienists with the RAF. She returned to Canada as a Sergeant and served as a DT Clin at RCAF Stn Rockcliffe until 1956 at which time she returned to Sgt Jean and was promoted to F/Sgt. In 1958, Pat qualified at The RCDC School as a DT Clin Gp 4 and was transferred to this company. It is understood that she will be moving to her home province of Manitoba later this year to continue her duties at RCAF Stn Winnipeg. We take this opportunity

to congratulate Pat on her promotion and to wish her well at her new location. She is shown happily engaged in sewing on her new badges.

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14 DENT COY NEWS

Bon Voyage to Sgt Hamilton

Members of this unit in the Winnipeg area gathered together at No 1 Dental Clinic on 14 Feb 63 to bid farewell to Sgt Danny Hamilton who departed for North Burnaby, BC to embark on a civilian career.

Bowling

The RCDC Bowling League has had a most successful season and the committee, with Major Bryant as President, Ssgt MacFarlane, Secretary and Sgt Reid, Treasurer, are to be congratulated. This year's activities were brought to a successful conclusion on 30 Mar, when a banquet and dance were held. Lt Col Jackson and the committee presented the trophies and prizes. The Ash Temple Trophy was awarded to the top team in the league, captained by Capt Boulay. The Purdy Trophy was awarded to Sgt Reid and his team who were the winners of the "A" division, while the "B" division team captained by Cpl Fenton, was awarded the Champoux Trophy.

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15 DENT COY NEWS

Training

The CDO and dental officers in the Montreal area attended Exercise Technique 1, a demonstration on the techniques of re-entry operations.

Special Events

Capt JH Marion of No 7 Clinic Valcartier is welcomed on his conversion to Regular Officer status.

The CDO attended a Familiarization Conference for members of the ROTP and DOSP at No 4 Personnel Depot Longueuil on 26 Jan 63. The object was to provide the undergraduates with as much information as possible and to answer any questions they might have. It is felt that all participants in this conference benefited substantially from the proceedings.

Sports

The combined clinic and stores bowling team at St Jean recently wound up the regular schedule in second place and has a good chance to win the playoffs. The team consists of Maj Paul Guevremont, Capt Lionel Jacob, Ssgt Tapp, Cpl Chayer and Cpl Ernie Jermain.

WO2 Ed Moore won the high average in the HQ Que Comd Bowling League.

Ssgt Lenny Lawson completed the St Jean Inter-section Broomball League among the top five.

Capt Jack Harrison accompanied the ski teams to Valcartier for the Command Championships and Canadian Army Championships as team captain. The teams made a creditable showing, particularly in the Army Championships, finishing in fifth place out of fifteen.

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4 FD DENT COY NEWS

Training

Lt Col Evans and Major Chatwin attended Exercise Maple Leaf IX at Fort Henry, 29-31 Jan 63. It was a very informative study of the deployment of 4 CIBG for war. These officers also participated in Exercise Med Maple Leaf IX the following day at which time Lt Col Evans presented a short outline of the dental services in and behind 4 CIBG.

Duty Trips

Capt DJ MacPhee, Sgt Millard and Pte Clarke travelled to No 1 CBOU Antwerp 20 Jan - 3 Feb 63. They provided dental treatment to servicemen of No 1 CBOU and examined the school children of the DND School.

Lt Col GC Evans, WO2 Robertson, Sgt Shaw and Sgt Posyluzny travelled to RCAF Station Langar and CJS London to provide dental treatment and repair dental equipment at these installations for period 5-28 Mar 63.

Sports

Capt WF Shaw was selected to conduct the RCR downhill ski team to Austria 13-20 Jan for BAOR eliminations.

Sgt J Hossdorf was a member of the 4 CIBG cross-country ski team which competed in Lermooos during Jan 63.

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35 FD DENT UNIT NEWSSports

Cpl WJ Parker played for the HQ 1 Air Division hockey team which won the Air Division Championship, in two straight games.

Sgt H Marckwort was a member of the 1 Air Division team which placed second in the Air Forces Europe Ski Competition in Austria from 9-24 Feb 63.

Sgt JM Roberts skipped a rink which won the 2nd event of the 1 Air Division HQ Bonspiel 26-27 Jan 63.

CBUME NEWSSpecial Events

On 17 Jan the CGS (Lt Gen G Walsh, CBE, DSO, CD) visited the Canadian Dental Detachment. He spoke to each member of the detachment and seemed to find everything in good order.

During the last three weeks in March the Black Watch brass band, stationed in Germany, visited all contingents in UNEF. Their concert for the Canadian Contingent was enjoyed by everyone.

The Indian Army Medical Corps birthday was celebrated on 3 April. The RCDC was represented by Sgt John Dion and Cpl Brian Vandervaart at a party given at the Indian MIR. The celebrations began with liquid refreshments followed by an Indian curry lunch. The party was attended by representative NCOs of all medical and dental detachments serving with UNEF. The food was tasty but a little on the "warm" side for our Canadian palates.

Sports

Sgt Doug Murley and Sgt Paul Fox are valuable members of the newly formed HQ Coy CBUME soft ball team which, to date, have played and won seven games.

On 12 Mar Major Kelland and Major Deziel (RCPC) finished second in the doubles event of the UNEF Badminton Championships.

L/Sgt Paul Dumas was runner up in the "C" Flight of the Camp Rafah Golf Tournament which was held on 27 Mar 63.

The ROYAL CANADIAN DENTAL CORPS *Quarterly*

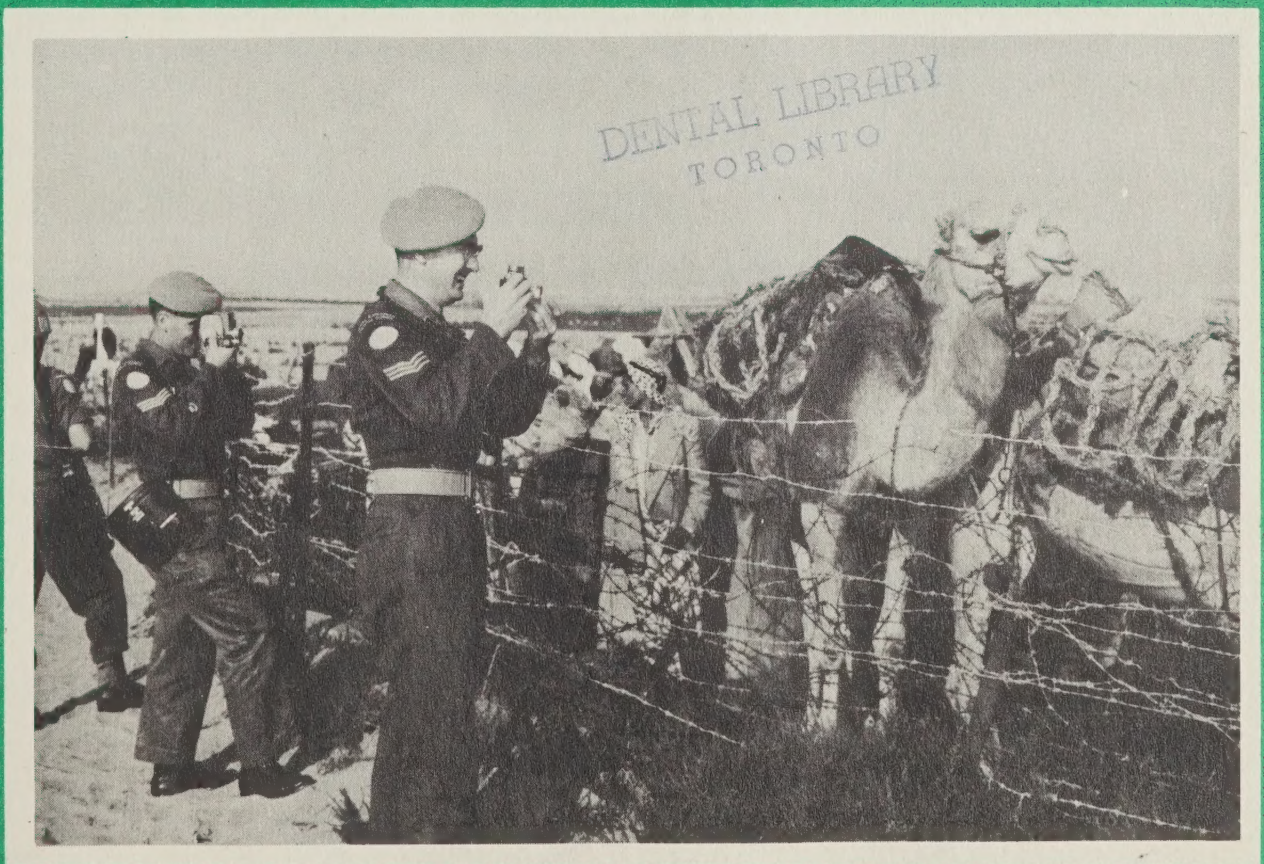


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THE RCDC QUARTERLY

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Editorial Board: Colonel GR Covey
Lt Col DH Hillier

SUBSCRIPTION RATES

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for the Canadian Forces,
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Ottawa, Ontario.

Cover Photo - Sergeants Geoff Dancer (foreground) and Paul Dumas take
pictures of the local Bedouin tribe and camels at the
CBUME water tower.

DOWEL ABUTMENT CROWN

Major AG Taylor, DDS

Experience has shown that it is better procedure to keep the reinforcing dowel or dowel abutment preparation separate from the veneer crown. In those instances where the crown and dowel are combined, any failure or replacement often results in the loss of the residual root. Not infrequently, an individual dowel abutment may be required later to serve as a bridge abutment. In these cases it is especially convenient to be able to remove the crown from the dowel abutment preparation and be able to continue the bridge construction with little or no further preparation of the abutment.¹

Soltanoff and Parris² describe a special technique using a segment of a silver point to seal the root canal apex in cases where it is anticipated that a dowel preparation subsequently will be made. A gutta-percha filling is inserted coronal to the apical seal. This technique permits the operator to obtain space for dowel construction without endangering the integrity of the apical seal.

Operative Procedure

The clinical crown is reduced, the extent of the reduction depending upon the amount of sound tooth structure remaining. Very often it will be found that the remaining clinical crown is so weakened by proximal restorations and the opening for endodontic procedures that its complete removal is advisable.³ The reduction is carried only to the crest of the gingival tissue at this stage. (fig. 1)

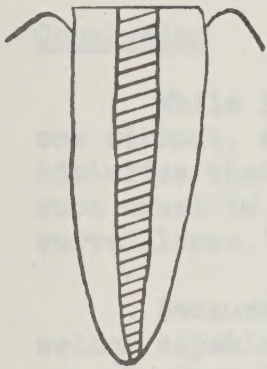
The dowel preparation is made by reopening the canal with a Peeso reamer #1, 2 or 3 depending on the size of the tooth. The root preparation is carried to a depth equal to or greater than the length of the restored clinical crown.⁴ If the canal has been filled with gutta-percha no difficulty will be encountered. Should a silver point be present, great care must be taken in reducing the point with a #2 SHP bur to avoid lateral perforation from the canal. When the silver point has been reduced to a sufficient depth, the canal is enlarged with a Peeso reamer. (fig. 2) To prevent rotation of the dowel abutment a keyway is prepared labiolingually with a flame diamond stone. (fig. 3)

The canal is cleaned with hydrogen peroxide followed by a water rinse and dried with a wisp of cotton on a #700 SHP bur. It is then lubricated lightly with microfilm. A piece of softened #14 gauge round wax wire is inserted and cut off flush with the root stump. This wax is condensed into the canal with a smooth-end plugger. The canal is filled with inlay wax by carrying the melted wax to position in the beaks of cotton pliers to just fill the canal and keyway.

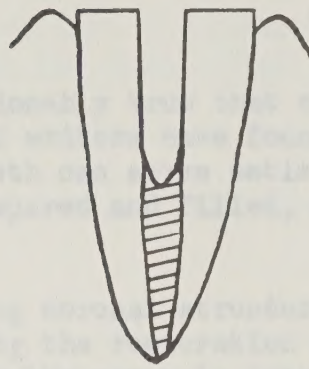
A specially prepared sprue-wire may be made from an ordinary paper clip. (fig. 4) The paper clip is straightened, a two inch length is cut off, and one end is bent to form a handle. The other end may be roughened with a disk to permit retention with the wax. The paper clip sprue-wire is heated and inserted into the wax to the bottom of the canal preparation. When cool, the wax pattern is removed from the canal for inspection (fig. 5) and then replaced into the canal.

A small ball of softened inlay wax is placed to the lingual of the wire pin and gradually forced to the labial sealing the wax to the previously prepared pattern as the additional wax is bent around the pin. While still soft the wax is shaped and after chilling, the abutment preparation may be carved. (fig. 6) The wax pattern is removed, the handle is clipped off, the wire sprue-pin is thickened with wax and attached to a crucible-former. (fig. 7)

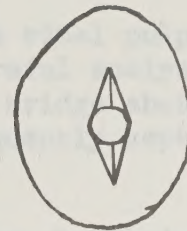
DOWEL ABUTMENT CROWN



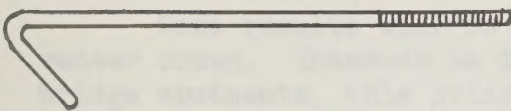
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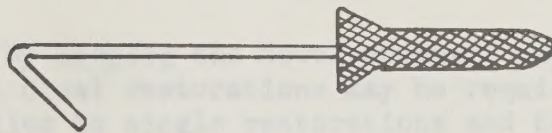
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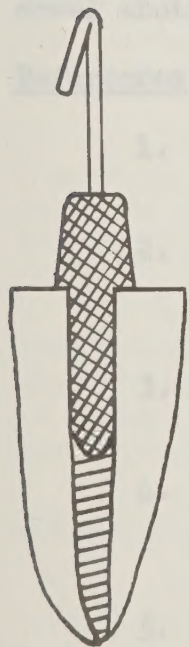
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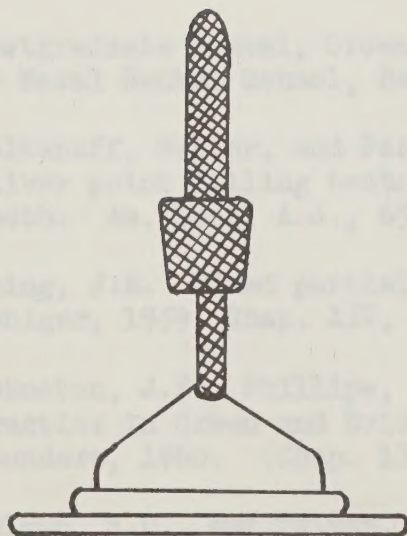
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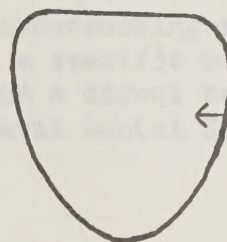
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(8)

CROWN

ABUTMENT

DOWEL

RESIDUAL
PREPARED
ROOTDOWEL
ABUTMENT
CROWN

After investing, casting and pickling, the casting may be cleaned with a wire brush and inspected for small bubbles that would prevent complete seating into the canal. Using the button as a handle, the fit is then tested. The button may now be removed and the dowel abutment cemented with zinc oxyphosphate cement. The preparation of the abutment is completed, carrying the preparation subgingivally beyond the junction of the dowel abutment with the tooth. (fig. 8) This procedure ensures protection of the cement margin from secondary decay. The dowel abutment is now ready for the impression to be taken and the full coverage crown is fabricated in the usual manner.

Conclusion

While it is unquestionably true that a tooth with a vital pulp is better than one without, some prominent writers have found through careful analysis of many case histories that pulpless teeth can serve satisfactorily as bridge abutments if the root canal is carefully prepared and filled, and is subsequently kept under periodic surveillance.⁵

Because the remaining coronal structure of a pulpless tooth is brittle, it is seldom capable of supporting the restoration without a post being placed in the root area.⁶ Even in cases where the crown is intact it is often advisable to insert a metal post to support the root and coronal portions from the stresses of mastication.⁷ In this way the jacket crown may be prevented from snapping off at the cervix, taking the tooth structure with it.

Best results will be obtained by keeping the dowel abutment separate from the veneer crown. Inasmuch as individual dowel restorations may be required later as bridge abutments, this principle applies to single restorations and bridge abutments alike.

Summary

Some reasons are presented for constructing a dowel abutment separate from the accompanying veneer crown. The use of a specific method for filling endodontically involved teeth has been recommended² and a direct technique for the construction of dowel abutments, as taught at the US Naval Dental School, has been detailed.

References

1. Postgraduate Manual, Crown and Fixed Partial Dentures. US Naval Dental School, Bethesda, Maryland.
2. Soltanoff, Walter, and Parris, Leonard. Controlled silver point filling technic for endodontically involved teeth. Am. Dent. A.J., 65: 301-9, Sept. 1962.
3. Ewing, J.E. Fixed partial prosthesis. 2nd ed. Lea and Febiger, 1959, Chap. XIV, P. 123.
4. Johnston, J.F., Phillips, R.W., and Dykema, R.W. Modern Practice in Crown and Bridge Prosthodontics. Philadelphia, Saunders, 1960. (Chap. 11, p. 24)
5. Tylman, S.D., and Tylman, S.G. Theory and practice of crown and bridge prosthodontics. 4th ed. St. Louis, Mosby, 1960. (Chap IX, P. 81)

6. Markley, M.R. Pin reinforcement and retention of amalgam foundations and restorations. Am. Dent. A.J., 56: 675-9, May 1958.
7. Brecker, C.S. Crowns. Philadelphia, Saunders, 1961. (Chap. XXV, P. 418)

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AIMS AND PRACTICES OF PREVENTIVE DENTISTRY
IN THE RCDC - ★PART TWO

Lt Col DH Hillier, CD, DDS, MPH

Possibilities for future activity in Preventive Dentistry

Public Health Programmes

One of the aims of the public health programmes has been to stimulate the interest of clinic personnel in the value and methods of dental health education. Recent reports indicate that this purpose is being achieved and it has become apparent that dental education is now accepted as an integral part of the entire clinic commitment.

It may appear, therefore, to be a paradox to suggest that perhaps the Directorate should not sponsor a similar programme in 1963. This possibility is based quite apart from factors of time, effort and expense, on one of the fundamental values of this type of endeavour.

The "campaign" or "crash programme" is a highly successful device of health education which makes intensive use of all possible means of disseminating information for a specified period. The success of a "campaign" requires a great expenditure of enthusiasm, time and material and its particular value lies in the concentration of effort and the saturation achieved through the use of various media of communication and also through the novelty of the experience. Repeated and regular use of the device reduces its value and brings ever-diminishing results in comparison with the efforts required.

It is not suggested that the holding of local programmes should be discontinued or discouraged for these will always prove to be of value. However, they could be more restricted to fit in more readily, with normal clinic routine and scheduled for a time most suitable to local conditions.

Dental health education is more lasting and ultimately more valuable as a continuing programme, through person-to-person contact and the intermittent use of whatever media of mass communication are available. Dental health education should be a year-round endeavour and such is the case at the present time in many clinics, particularly those which employ a dental technician clinical.

Dental Technician Clinical

It is becoming increasingly evident that the success of preventive dentistry in the Corps is linked directly with the number of dental technicians clinical available. Their training and motivation makes them particularly suitable for this work and the necessity of encouraging their participation in this phase of dental service cannot be over-emphasized. Indeed as the practices of prevention continue to develop it could well become expedient to reassign radiography to another trade in order to allow them to concentrate on preventive dentistry. It is estimated that

they currently devote over 30 percent of their time to radiography. If the current proposal to ultimately employ an additional 37 persons in this trade is approved, it should assist significantly in providing the trained personnel required for the furtherance of preventive dentistry and for the development of the concept of clinic programming.

Clinic Programming

The subject of clinic programming could have been dealt with earlier inasmuch as the recommended method is already detailed in the Manual of Dental Services and has been presented on officers' courses at the RCDC School for the past two years. Although some forms of clinic management have been carried out in the Corps at one time and another, with undocumented results, a comprehensive trial of the methods recommended in the Manual has not been undertaken up to this time. However, the basic principle involved, that of a comprehensive, precise and orderly approach to the treatment problems of each clinic, cannot be refuted and dental officers are strongly urged to base their clinic operations on this principle. Instruction in the method will continue to be included in officers' courses and the techniques of collecting the required data for the operation of such programmes is being presented to those personnel attending Group 4 dental technician clinical courses.

Fluoridization

As mentioned previously, the value of fluoridization with stannous fluoride in reducing the dental caries of experience of young adults is sufficiently well documented to warrant its use throughout the Corps. Lack of personnel at the present time requires that the routine use of this measure be restricted to recruits. However, dental officers are encouraged to make as full use as possible of this therapy and, as the availability of personnel permits, expansion of this programme should be possible.

Consideration is being given to the feasibility of making fluoridization available to school children in those areas for which the Corps is responsible for dependents. However, it is not anticipated that a firm decision on this matter can be available for some time.

Preventive Programming

This author has suggested that in prevention lies the ultimate solution to the problem of coping with dental disease and some of the current and planned preventive practices in the RCDC have been cited. However, a piece-meal and uncoordinated approach to prevention is not likely to reduce the prevalence of dental disease to a level with which the potential treatment capacity can cope adequately. Hence, a systematic and comprehensive plan is required.

A formalized approach to the treatment phase of RCDC practice has been developed in clinic programming. Preventive practice likewise requires a logical and complete formula. The public health approach which is incorporated in clinic programming is equally applicable to preventive programming. There are, however, significant and challenging differences which make the development and operation of such programmes much more difficult.

Whereas the long range objective of clinic programming to raise all personnel to Category 3 is practical, the prevention of all dental disease is not a practical aim at this time since the methods to achieve it are not available. Thus, the sights must be lowered and, once the ideal is discarded as impractical, it is readily realized that no all-embracing objective can be cited. Instead, a series of objectives must be developed in terms of the individual measures available. For

example, the fluoridization of all non-edentulous personnel could be one of these. Indeed, the long-range goal of clinic programming might become one of the intermediate goals of preventive programming. The various methods of prevention could be developed into separate programmes, giving due regard to phasing and to the relative efficacy of the measures available.

Unit Dental Public Health Officers

One of the difficulties in preventive programming lies in the relative unfamiliarity of dental officers with the measures available and in a lack of motivation for their employment. Inasmuch as the results of preventive dentistry are less apparent than restorative treatment, motivation is of extreme importance. Any apparent lack of this quality in dental officers is not surprising in view of the emphasis placed on restorative dentistry during undergraduate training.

It is felt that the change in motivation required might best be accomplished through a cadre of officers trained in dental public health. The implementation of this concept through the employment at unit headquarters of a Dental Public Health Officer (DPHO) has been suggested and the following terms of reference are offered for consideration:

- a. a Unit DPHO should be appointed to consolidate the preventive features of the unit operations and to act as advisor to the unit commander on all aspects of dental public health.
- b. the Unit DPHO should be responsible to the unit commander for the initiation, coordination and supervision of all preventive programmes carried on within the unit.
- c. he should engage in such studies and research as are of direct concern to the unit and should be available to participate in studies of a broader application as approved by DGDS.
- d. he should liaise with the public health agencies within his area.
- e. he should devote approximately one-half of his time to these activities.
- f. he should engage in clinical treatment with emphasis on the preventive aspects of such treatment. Restriction to the field of periodontics would appear to be worthy of consideration.
- g. the chain of communication between these officers should be as direct as possible and they should be fully aware of all activities throughout the Corps which relate to preventive dentistry.

Unquestionably, such a proposal is dependent on factors of the availability, and training of suitable dental officers and the inherent increase in the RCDC establishment so that full implementation would be unlikely for several years. The adoption of this policy in principle, however, could serve as the framework for a truly comprehensive programme of preventive dentistry throughout the Corps.

Summary

This article has reviewed some of the aims and practices of preventive dentistry in the RCDC and has dealt with certain features currently being considered for

References

1. Ellis, R.G. Manpower in dentistry - The dentist. J. Canad. D.A. 27:5-6, Jan 1961.
2. Council on Education, Cdn Dent Assn. Comments on the survey of dentistry in the United States : 3. Dental Education. J. Canad. D.A. 28:248-51, Apr 1962.
3. Dunn, W.J. Report on a workshop conference on auxiliary personnel in dentistry. J. Ontario D.A. 38:14-21, Jul 1961.
4. McCutcheon, James. Manpower in dentistry - The dental assistant. J. Canad. D.A. 27:7-12, Jan 1961.
5. Dunn, W.J. Organization and conduct of an evening course for dental assistants. J. Canad. D.A. 27:491-503, Aug 1961.
6. Anderson, J.A. Efficient use of space to conserve time and energy. D. Clin. N. America p. 185-95, Mar 1961.
7. Baird, K.M. Dental services for the Canadian Forces. Roy. Canad. D. Corps. Quart. 2:4-6, Oct 1961.
8. Bernier, J.L. and McFall, T.A. Role of prevention in military dentistry. J. A.D.A. 62:717-22, Jun 1961.
9. Brown, H.K. Health professions and the challenge of widening horizons and changing patterns. J. Canad. D.A. 28:1-5, Jan 1962.
10. A study of the prevalence of dental disease in serving members of the Canadian Armed Forces in Canada - 1960. Office of the Director General of Dental Services for the Canadian Forces, Sep 15, 1960. 17 p. typed.
11. Muhler, J.C. Recent advances in preventive dentistry. Internat. D.J. 10:89-106, Mar 1960.
12. Protheroe, D.H. A study to determine the effect of topical application of stannous fluoride on dental caries in young adults. Roy. Canad. D. Corps Quart. 3:20-30, Jul 1962.

Editor's Note

Subsequent to the presentation of this paper at the DGDS Conference, Ottawa, Dec. 62, it was decided that a Dental Health Programme would be conducted in 1963 in general accord with the format developed over the past four years. Certain modifications permit greater flexibility in the design, conduct and reporting of the local programmes.

In line with the policy of employing Dental Public Health Officers, at each Company Headquarters, Major WH Harrington has been chosen to attend the University of Toronto this autumn in order to obtain his Diploma in Dental Public Health.

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FAILURES IN AMALGAM RESTORATIONS

Capt GJ Boucher, DDS

Amalgam restorations make up the bulk of the restorative dentistry performed in day-to-day dental practice and consequently, amalgam failures are an important consideration for every dentist. It has been shown that this material has the lowest failure rate of any restorative material,¹ however, the very ease with which it can be used leads to a certain casualness in its employment and many failures result. Studies conducted by Moss² and Healey and Philips³ indicate that approximately 60% of amalgam failures are attributable to improper tooth preparation, with the balance due to faulty amalgam manipulation. Because these factors are within the dentist's control, the responsibility for failure must be assumed by the dentist.

Amalgam restoration failures fall into four categories:

- a. recurrent caries;
- b. fractures;
- c. dimensional changes; and
- d. excessive tarnish and corrosion.

Recurrent Caries

Assuming complete removal of the original decay, recurrent caries is caused by a lack of extension of the preparation into relatively caries-immune areas. Proximal boxes should be extended buccally and lingually and flared out at the gingival margin. Pits and fissures should be completely eradicated to prevent entry of organisms into the dentin. Rough margins, due to fracture of amalgam feather edges and unsupported enamel rods, create food traps which encourage caries.

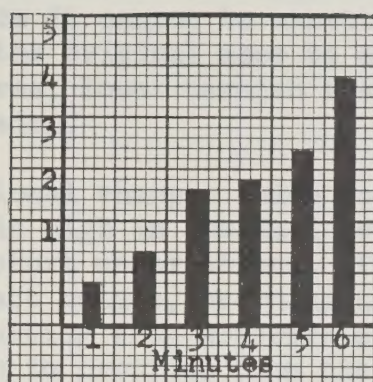
Fractures

Before preparing a tooth for restoration, the type of material to be used must be considered. Amalgam restorations are retained mechanically and must be supported by tooth structure. Despite the many "amalgam crowns" in existence, this is not the material of choice if the tooth structure cannot support and retain the restoration or must itself be supported. In such instances, a casting is indicated. If amalgam is to be used, care must be taken to provide for sufficient bulk of material, particularly in the isthmus and marginal areas. At the margins, the amalgam should meet the surface almost at right angles. Adequate retention should be provided in the proximal boxes by means of definite axial grooves, although the necessity of a reverse bevel on the gingival seat is open to question. Another cause of fracture in the isthmus area that is frequently overlooked is the failure to round the pulpo-axial line angle. This precaution will reduce the concentration of stresses in the sharp, narrow angle of the restoration.

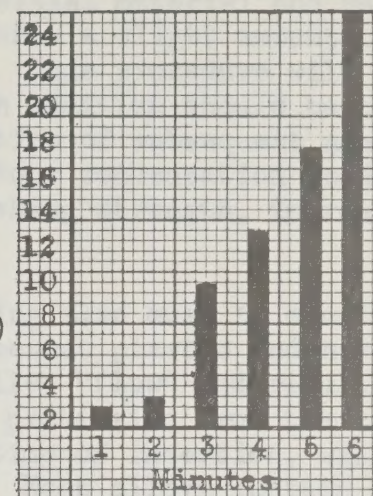
Dimensional Changes

The residual mercury content of the amalgam drastically affects the strength of the restoration and when it exceeds 55%, a dramatic reduction in strength is observed.

Increase in
% Residual Hg



Loss of Strength
(1000 lbs / sq in)



Restriction of the residual mercury content to approximately 50% is both desirable⁴ and feasible if the following factors are carefully controlled:

- a. original mercury alloy ratio;
- b. amount of trituration;
- c. time elapsed from trituration to condensation; and
- d. condensation pressures.

Trituration of a mix containing a high proportion of mercury to alloy will result in high residual mercury content no matter what pressures are used in squeezing or condensation.⁵ In other words, once the excess mercury is mixed in, it cannot be removed sufficiently to provide the optimal ratio in the finished amalgam. Gravity-type slide dispensers are accurate if properly adjusted, however once the mercury-alloy ratio is established, it should never be altered by the addition of more mercury during or after trituration. Furthermore, the use of excess mercury is not economical since some of the alloy will be expressed in solution during squeezing and condensation, resulting in a much smaller amalgam mass from a given amount of alloy. Too low a ratio of mercury to alloy, on the other hand, will result in a lack of plasticity of the amalgam mass and a coarse, easily corroded surface of the finished filling. Final shrinkage, rather than the 3-13 micron/cm expansion required by ADA specifications, is theoretically possible through overtrituration, but should not occur if the manufacturers' instructions are followed carefully. Such shrinkage is difficult to demonstrate on a mass as small as a typical restoration and several investigators have been unable to verify actual shrinkage clinically.^{6,7} In any case, the anticipated expansion would probably take place in the direction of free surfaces rather than against the confining walls of the cavity. The real danger in dimensional change lies in undertrituration which will produce gross overexpansion, resulting in post-operative pain and even fracture of the tooth in extreme cases. Such undertrituration may be the result of overfilling the capsule used in mechanical triturators. Once mixed, the amalgam should be squeezed immediately in a clean linen cloth, since only one-half of the residual mercury can be expressed after a three minute delay and only one-quarter after six minutes.

The fine-cut alloys now in common use present a relatively large area for reaction with the mercury and consequently the trituration and the setting processes have been accelerated. Amalgam should be condensed within three minutes following trituration. The concept that the placing of an amalgam restoration should be commenced with a sloppy mix, followed by progressively drier material is a fallacy, since mercury will not diffuse upward through the mass and the restoration will be plagued by all the

faults which result from excess residual mercury. The initial material and each succeeding addition should be of the proper consistency to show a slight amount of mercury on the surface under heavy condensing pressures. This procedure will prevent lamination of the successive increments.⁸ Likewise, each addition should be carefully packed, since it cannot be expected that the condensation of subsequent amalgam will compress the original mass to any greater degree. Poor condensation leads to marginal failures, lower tarnish resistance, reduced crushing strength, increased flow and expansion.

Dimensional changes which follow the normal setting also must be considered. Amalgam which is high in residual mercury will remain somewhat plastic and have a tendency to distort under stress. This phenomenon is called "flow" and results in flattened contact points, overhanging margins and slight protrusion from the cavity. Expansion, resulting from moisture contamination at the time of insertion, will cause the restoration to protrude from the cavity preparation. Most alloys contain zinc which reacts with the contaminants to produce hydrogen which, in turn, causes expansion of the amalgam by the formation of internal gas bubbles.

Excessive Tarnish and Corrosion

Excessive tarnish and corrosion may occur for several reasons, but is generally due to a high mercury content. Some dentists attempt to put a "shiny" finish on a restoration immediately after carving, by burnishing the restoration. This procedure only draws mercury to the exterior and the shine will soon be replaced by the corrosion and tarnish inherent in a mercury-rich surface. Excessive heat generated during polishing will have the same effect, creating a frosty appearance. Undertriturated amalgam will result in a coarse surface covered by unalloyed particles. Moisture contamination causes gas bubbles to form throughout the restoration and results in a pitted surface which cannot be polished away.

Although no one would consider cementing an unpolished gold casting in the mouth, many dentists do not seem to recognize the obligation to polish an amalgam. The prime reason for polishing any restoration is to produce smooth, easily cleaned margins and a finish which is resistant to tarnish. Furthermore, well-polished amalgam restorations will engender not only the appreciation and cooperation of the patient but also the respect of the dentists' colleagues.

References

1. Brehus, P.J., and Armstrong, W.D. Civilization - disease. Am. Dent. A.J., 23: 1459 - 70, 1936.
2. Moss, R.P. Amalgam failure. US Armed Forces Med. J., 4: 735 - 6, 1953.
3. Healey, H.J., and Phillips, R.W. A clinical study of amalgam failures. J. Dent. Res., 28: 348 - 55, 1949.
4. Swartz, M.L., and Phillips, R.W. Residual mercury content of amalgam restorations and its influence on compressive strength. J. Dent. Res., 35: 458, 1956.
5. Phillips, R.W., and Boyd, D. Importance of the mercury alloy ratio to amalgam fillings. Am. Dent. A.J., 34: 431 - 58, 1947.
6. Phillips, R.W. et al. Clinical observations on amalgam with known physical properties - final report. Am. Dent. A.J., 320-4, 1945.
7. Miller, E.C. Clinical factors in the use of amalgam. Am. Dent. A.J., 34: 820-8, 1947.

8. Miller, E.C. Improved technique for packing and condensing uniform amalgam restorations by hand. Am. Dent. A.J., 28: 1463-71, 1941.
9. Phillips, R.W. Research on dental amalgam and its application in practice. Am. Dent. A.J., 54: 309, 1957.

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NECROTIZING ULCERATIVE GINGIVITIS

Major RA Fell, DDS

Introduction

"Necrotizing ulcerative gingivitis" is one of the terms used to indicate a necrotic ulcerative condition of the gingivae which is characterized by classical signs and symptoms and the abundant presence of certain organisms. Plaut and Vincent were probably the first persons to describe these organisms as early as the 1890's. There are many other terms by which this condition is known, some of which are: Vincent's infection, Vincent's stomatitis, Vincent's disease, Plaut-Vincent's disease, Plaut-Vincent's stomatitis, trench mouth, trench gums, necrotizing gingivitis, acute ulcerative gingivitis, acute fusospirochetal gingivitis (stomatitis), phagendemic stomatitis, ulceromembranous gingivitis (stomatitis), and spirochetal stomatitis.^{1, 3, 10}. Since the trend in dental and medical terminology is to dispense with the use of eponyms, the term necrotizing ulcerative gingivitis has become the most widely accepted.^{1, 3, 21, 22}

According to Burket,³ the disease is less frequently reported of late and this decline in incidence is probably due to the widespread use of antibiotics in the treatment of many illnesses and infections, improved nutrition and increased dental education.

Daley⁵ states that the disease is common to all age groups, while Burket³ reports a preponderance in young adults, particularly males. Fatigue and emotional stress may contribute to the incidence¹¹ and servicemen appear to be particularly susceptible following long furloughs and after living under field conditions for a protracted period such as occurred during World War I and II. Incidence may further be related to smoking or the consumption of alcoholic beverages, both of which factors tend to inhibit good oral hygiene. Socio-economic status, nutrition and the general physical condition of the individual may be involved but it appears unlikely that the prevalence of the disease is influenced by the season of the year.

There is a lack of uniformity in the evidence concerning ulcerative gingivitis. Schluger¹⁶ made a survey of 92 patients in two U.S. Army camps in 1943-44 and was unable to find any definite pattern to the spread of the infection. In one instance, only one man in a barracks of 70 men contracted the condition even though these men slept approximately 3 feet apart, and ate in the same mess hall. Carter and Bell⁴ were unable to establish any pattern of communicability among troops at the Great Lakes Naval Station. Some investigators have even injected fusospirochetal bacteria into their own oral tissues in an unsuccessful attempt to contract the disease.

Etiology

The etiological factors of necrotizing ulcerative gingivitis can be divided into predisposing factors and exciting factors.^{3, 4, 6, 7, 8}

The predisposing factors may be either local or systemic. The local factors involved are poor oral hygiene, calculus, gingival flaps, carious teeth, overhanging

margins and occlusal trauma, while the systemic factors include malnutrition, over-indulgence in alcoholic beverages and tobacco, fatigue, emotional stress and general debilitation.^{3,11,13}

A marked increase in the number of certain organisms normally found in the mouth is considered to be the exciting factor in the onset of the disease and there appears to be a direct relationship between a reduction in the number of such organisms and the healing process.¹ This correlation can be determined easily by taking smears as treatment progresses. Microscopically, a smear may reveal a variety of organisms. The Borella Vincenti appears as a gram negative rod 0.5 to 1 by 8 to 16 microns with 4 to 8 shallow or loose coils, thus distinguishing it from the Treponema Pallidum which has 10 to 12 tight coils. Bacillus fusiformis is a rod-shaped micro-organism about 0.5 to 1 micron wide and 5 to 12 microns in length. It may be straight or slightly curved with tapering or pointed ends, is gram-positive and stains easily with common aniline dyes. Vibrios of the oral flora are short, curved "comma-shaped" rods which are gram-negative. The oral streptococci are gram-positive, spherical or ovoid, non-motile organisms arranged in short or long chains or in pairs. Those commonly seen in necrotizing ulcerative gingivitis are alpha hemolytic streptococci.^{1,3} Rosebury states that there is a preponderance of spirochetes in the acute phase and very few, if any, in the subacute phase. The fusiform is present in large numbers in both phases.

A number of conflicting reports have been published on the histopathological aspects of necrotizing ulcerative gingivitis. Turncliff²² found that both fusiform bacilli and spirochetes were present in the necrotic tissue and were invading living tissue, with the spirella being considerably in advance of bacilli. No cocci were observed in the living tissue. Schaffer¹⁴ reported on 36 patients with typical lesions of necrotizing ulcerative gingivitis. He found ulceration, necrosis, sloughing and erosion in all lesions, but these signs were not evident in the controls. The bacteria did not penetrate the vital tissues but infiltrated the tissues as they became necrotic. Schaffer¹⁴ feels that biopsy studies can be of diagnostic value in differential diagnosis.

Diagnosis

Acute Phase

The diagnosis of ulcerative necrotizing gingivitis can be made on the clinical findings alone, however, a bacterial smear is considered to be a valuable aid in differential diagnosis. The onset of the disease is usually quite sudden and the patient complains of severe pain around the teeth. He may not be able to specify any one particular area of pain but during clinical examination will indicate a greater pain response at the sites of ulceration. Bleeding of the gingiva is the second most important symptom and concomitant with this, the teeth may be sensitive during mastication. Alcoholic beverages, hot or cold liquids or spicy foods may be intolerable to the patient and he may also experience marked discomfort and bleeding upon brushing his teeth. Associated with these symptoms there is usually a metallic taste, a distinctive fetid odor and excessive salivation.^{1,2,3,6,7,22}

The most characteristic objective sign is the punched-out (crater-like) ulceration of the interdental papillae.³ In some instances the papillae may be reduced to a small triangular shaped mass of necrotic tissue which elicits acute pain and bleeding from the slightest pressure on the area. The marginal gingivae and interdental papillae may be bright red in colour, often described as "angry red". The mucosa of the lips, jaws, palate and tongue are often affected, and ulcerated areas at these locations may be covered by a pseudo-membrane. There is also present a distinctive odor which, once encountered is easily recognized by the dentist.

The grayish or yellowish pseudo-membrane which usually covers the ulcerated areas can be removed by light pressure with cotton or gauze leaving a bright red

bleeding area.³ Initially the interdental papillae may be the only areas affected but the tonsillar areas should be examined for incubation zones since they may also be affected in chronic and recurrent infections.

The presence and amount of lymph node enlargement appear to depend upon the severity of the disease. However, Burket notes that adenopathy is more common in children and in patients with circumcoronal involvement about erupting teeth.³

Systemic findings may include fever, headache, general malaise and loss of appetite which seem to parallel the severity of the disease and are usually more marked in younger individuals.

The literature is conflicting concerning the present of changes in the blood picture caused by this disease and blood studies and differential counts are of little diagnostic value. However, such tests may be of value in the elimination of malignant neutropenia, the acute leukemias or aplastic anemia in differential diagnosis.³

Chronic Phase

In the so-called "sub-acute" or chronic form, the characteristic symptoms of the acute form, although present, are less marked and a smaller portion of the gingivae may be involved. There is usually general malaise and pain but no sloughing of the tissue, no pseudo-membrane and the temperature is normal. The gingivae are inflamed and bleed quite easily and may give the appearance of chronic marginal gingivitis with saucered papillae.

Differential Diagnosis

There are several diseases which produce oral lesions and microscopic evidences that are often mistaken for manifestations of necrotizing ulcerative gingivitis. These include acute herpetic stomatitis, desquamative gingivitis, streptococcal stomatitis, malignant neutropenia and leukemia, aphthous stomatitis, mucous patches of secondary syphilis, chronic marginal gingivitis and Vincent's Angina. A careful differential diagnosis may be required to identify any specific condition.

Acute Herpetic Stomatitis

The oral lesions of acute herpetic stomatitis are found primarily on the smooth mucosal surfaces and rarely on the gingival tissues. The typical metallic taste is lacking. The yellowish, cheesy-appearing lesions do not bleed as readily on pressure as the ulcers of necrotizing ulcerative gingivitis. The bacterial smears are negative for fusospirochetal forms. This disease usually runs a course of 7 to 10 days.

Desquamative Gingivitis

In desquamative gingivitis, the patient has a history of chronic involvement of the marginal gingivae. There may be patchy, diffuse desquamation of the gingival epithelium which is not always painful. Since the papillae do not undergo necrosis, there will be no saucering of these structures. A bacterial smear will show numerous epithelial cells and few bacterial forms. The characteristic foul odor of necrosis is not present.

Streptococcal Stomatitis

Streptococcal stomatitis is a relatively rare condition. There is a diffuse involvement of the marginal and alveolar gingivae and an absence of ulcerative lesions in these areas. Bacterial smears show a predominance of streptococcal forms which are of the viridans variety.

Leukemia and Malignant Neutropenia

With reference to these diseases Burket states: "The sudden onset of gingival ulcerative lesions in acute leukemia and malignant neutropenia may present problems in diagnosis. In the acute leukemias, gingival enlargement is usually marked and the patient complains of severe constitutional symptoms. In malignant neutropenia, the ulcerations do not elicit an acute inflammatory response, and they are usually less painful. They frequently have a greenish-black base which is not found in fusospirochetal ulcers. Bacterial smear findings are not diagnostically significant, but a hemogram will establish the diagnosis of malignant neutropenia or leukemia".³

Aphthous Stomatitis

According to Glickman⁶ the lesions of Aphthous Stomatitis are characterized by the appearance of discrete ovoid vesicles which rupture to form saucer-like depressions with elevated rim-like margins. These lesions run a definite course of from 7 to 10 days. They rarely, if ever, involve the marginal gingivae but occur more frequently on the floor of the mouth, mucobuccal fold and tongue. The location, discrete nature of the lesion and definite course serve as the basis for differentiation from acute necrotizing gingivitis.

Syphilis

The mucous patches of acute syphilis rarely occur on the marginal gingivae or the interdental papillae. They have a translucent appearance and they are less painful than Vincent's ulcerations. A serologic test for syphilis and, at times, darkfield examination, will permit a differential diagnosis.

Chronic Marginal Gingivitis

The main considerations in differential diagnosis of chronic marginal gingivitis are that the papillae are not cratered and the gingivae are not sensitive to the touch.

Vincent's Angina

This condition is often confused with the less serious acute necrotizing gingivitis. Glickman⁶ defines this condition as "a fusospirochetal infection of the oropharynx and throat ... The ulcerative lesions are formed in the tonsillar or pharyngeal tissues and they tend to involve the deeper structures ... There is usually a painful membranous ulceration of the throat with edema and hyperemic patches breaking down to form ulcers covered with pseudo-membranous material ... The process may extend to the larynx and middle ear". In Vincent's angina the constitutional symptoms are usually more prominent.

Treatment

The treatment of necrotizing ulcerative gingivitis should be directed toward the control of the acute bacterial phase, elimination of the predisposing factors, both local and systemic, and patient education. In treating this disease one should perform an oral prophylaxis and subgingival curettage of all pockets and sulci as early as possible.

Many drugs have been used in the treatment of the acute bacterial phase and before the advent of antibiotics, chromic acid and arsenicals were the treatments of choice. Antibiotics used topically have been found to relieve pain and promote healing more quickly than other types of drugs.^{3,6,7,8,9,10,12,15,17,18,19,22} Penicillin, aureomycin, terramycin or chloromycetin may be used for topical application. There are, however, many practitioners who disapprove of the topical use of antibiotics without systemic administration. They believe that such therapy may lead to sensitivity in the patient and produce resistant strains of organisms. Intramuscular in-

jections of penicillin or the oral administration of aureomycin or terramycin should accompany the topical application of these drugs. Many authorities believe that antibiotics should only be used when the patient has an elevated temperature and is in such pain as to preclude subgingival curettage.

Treatment Programme

First Visit

1. Determine all possible incubation zones such as overhanging fillings, periodontal pockets, gingival flaps and malposed teeth.
2. Irrigate the mouth with hot water and peroxide (3%) or hot saline solution (approximately 120°F); peroxide is used for its mechanical action only.
3. Gently remove soft deposits and tissue debris with cotton swabs or gauze.
4. Eliminate as much of the supra-gingival calculus as possible.
5. Administer antibiotics topically and systemically in very acute cases with severe symptoms. For topical application the following antibiotic treatment is recommended:
 Fifty mg of soluble aureomycin dissolved in a drop or two of water to make a paste. This paste is placed interproximally around the marginal gingivae and on all areas of necrosis and allowed to remain for a period of 5 to 10 minutes.
6. Instruct the patient in home care. It is advisable to provide the patient with the following written instructions:
 - a. Rinse the mouth vigorously every two hours with a hot salt and water solution;
 - b. Restrict the diet to soft foods including milk, eggnog, fresh orange juice and broth;
 - c. Drink plenty of water;
 - d. Avoid foods that are hard, fried, coarse, spicy or starchy;
 - e. Reduce smoking and the use of alcoholic beverages;
 - f. Rest as much as possible; and
 - g. Keep the mouth clean by rinsing after eating.

Second Visit

1. Repeat the treatment provided during the first visit.
2. Remove as much calculus as possible without causing undue pain.
3. Give the patient instruction on tooth brushing and, if the gingivae have healed sufficiently, commence a programme of oral physiotherapy.

Third and Subsequent Visits

1. Repeat flushing of the mouth.
2. Continue mechanical procedures until all irritants such as calculus and overhanging margins have been removed.
3. Restore proper contour of gingivae through gingivoplasty or other means.
4. Eliminate any periodontal pockets and tissue flaps.
5. Reduce plunger cusps that may be causing food impaction.
6. Equilibrate the occlusion, if indicated.
7. Have patient demonstrate his mastery of the correct tooth brush technique.

In the treatment of necrotizing ulcerative gingivitis, intensive periodontal therapy should be instituted once the acute phase has subsided. Failure to eliminate any predisposing factor, whether local or systemic, can cause recurrence of the disease. The chronic or "subacute" form may ensue if treatment is incomplete.

References

1. Appleton, J.T.L. Bacterial infection with special reference to dental practice. 4th ed. Philadelphia, Lea and Febiger, 1950. 644 p. (p. 540-55).
2. Beube, F.E. Periodontology, diagnosis and treatment. New York, MacMillan, 1953 XII and 752 p. (p. 399-423).
3. Burket, L.W. Oral medicine, diagnosis and treatment. 2nd ed. Philadelphia, Lippincott, 1952 (p. 49-67).
4. Carter, W.J., and Bell, D.M. Results of a three year study of Vincent's infection at the Great Lakes Naval Department. J. Periodont., 24:187-94, July 1953.
5. Daley, F.H. Studies of vincent's infection at the clinic of Tufts College Dental School from October, 1926 to February, 1928. J. Dent. Res., 8:108, 1928.
6. Glickman, Irving. Clinical periodontology. 2nd ed. Saunders, 1958. (p. 122,767).
7. Goldman, H.M. Periodontia. 3rd ed. St. Louis, Mosby, 1953. 750 p. (p. 646-73).
8. Goldman, H.M., and Bloom, Jack. Topical application of aureomycin for the treatment of the acute phase of ulcerative necrotizing gingivitis (vincent's infection). Oral Surg., Oral Med. & Oral Path. 3:1148-80, Sept. 1950.
9. Goldman, H.M., and Guralnick, W.C. Some uses of penicillin in dentistry. A collective review. Oral Surg., Oral Med. and Oral Path. 1:116-28, Jan. 1948.

10. Kozol, S.M. and Shuster, H.V. A description of the antibiotic bacitracin; its topical use in the treatment of vincent's infection. Oral Surg., Oral Med. and Oral Path. 5:717-27, July 1952.
 11. Mouton, Ruth, Ewen, Sol, and Thieman, William. Emotional factors in periodontal disease. Oral Surg., Oral Med. and Oral Path., 5:833-60, Aug. 1952.
 12. Ostrander, F.D. The use of antibiotics in periodontics and endodontics. Am. Dent. A.J., 46:139-44, Feb. 1953.
 13. Radusch, D.F. Nutritional and dental health. Vitamin C. J. of Periodont., 17:27-33, Jan. 1946.
 14. Schaffer, E.M. Biopsy studies of necrotizing ulcerative gingivitis. J. Periodont., 29:22-5, Jan. 1953.
 15. Schaffer, E.M. The effects of drugs in the treatment of necrotizing ulcerative gingivitis. Am. Dent. A.J., 48:279-83, March 1954.
 16. Schluger, Saul. Necrotizing ulcerative gingivitis in the army: incidence, communicability and treatment. Am. Dent. A.J., 38:174-83, Feb. 1949.
 17. Schuessler, C.F., Fairchild, J.M., and Stransky, I.M. Penicillin in the treatment of vincent's infection. Am. Dent. A.J., 32:551-4, May 1945.
 18. Shpuntoff, Harry, and Shpuntoff, William. A prolonged activity of topically administered oxytetracycline (terramycin) in vincent's infection: a preliminary report. Am. Dent. A.J., 40:563-80, May 1953.
 19. Stewart, G.G. Comparative methods of using penicillin in the treatment of vincent's infection and other oral lesions. Am. Dent., A.J., 33:725-31, June 1946.
 20. Turncliff, Ruth, Fink, E.B., and Hammond, Carolyn. Significance of fusiform bacilli and spirilla in gingival tissues. Am. Dent. A.J., 23:1959-65, Oct. 1936.
 21. Wilson, J.R. Necrotizing ulcerative gingivitis. Post Graduate Medicine, 8:56-7, July 1950.
 22. Orban, Balint, et al. Periodontics: a concept-theory and practice. St. Louis, Mosby, 1958.
- (The author provides 23 additional references which are not documented in the text).

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CONSULTING STAFF TO THE RCDC
ITS HISTORY AND FUNCTIONS

Colonel G.R. Covey, MBE, CD, DDS

In the month of August, 1959, the Director General Dental Services initiated action at Army Headquarters, Ottawa, Ont to establish a staff of civilian consultants to the RCDC. The primary function of this proposed staff was to advise him in the various specialty fields which affected dental services in the Canadian Forces. In addition, they would assist in solving specific dental problems and advise on the broader aspects of treatment policy and the training of dental officers and auxiliary tradesmen.

To ensure the broadest coverage of the dental specialties, it was proposed that individuals be appointed from eight different fields of dental interest, namely, Oral Surgery, Periodontics, Orthodontics, Oral Diagnosis and Roentgenology, Prosthodontics, Restorative Dentistry, Dental Research and Dental Legislation and Ethics. Those selected to fill the various appointments would be asked to serve for three years without remuneration except for out-of-pocket expenses in connection with necessary travel. As far as possible and in addition to their pre-eminent position in the profession, the previous service records and geographical locations of those appointed would be considered.

The proposal to establish a Board of Dental Consultants received the approval of the Minister of National Defence, The Honorable George R. Pearkes, on 5 January 1960 and on 19 January 1960 the Treasury Board approved the payment of their expenses in accordance with Travel Regulations when engaged on official duties of their appointments.

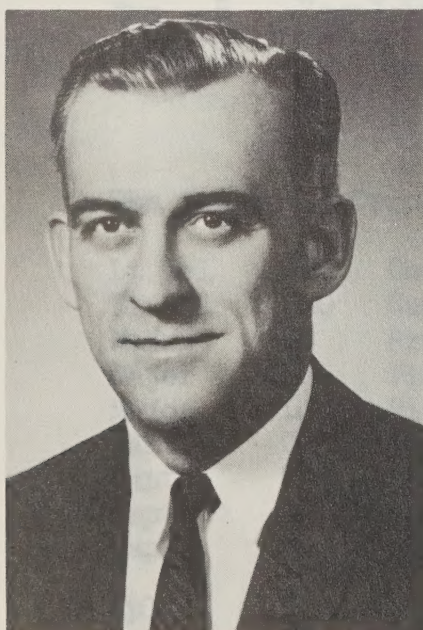
Following this approval and on recommendation of the DGDS, the Minister invited the underlisted specialists to accept appointments on the Staff of Dental Consultants to the RCDC until February 1963.

Orthodontics	-	Dr. J.E. Abra, Medical Arts Building, Winnipeg, Man.
Periodontics	-	Dr. J.W. Neilson, Dean, Faculty of Dentistry, University of Manitoba, Winnipeg, Man.
Oral Surgery	-	Dr. D.M. Tanner, M.B.E., Sunnybrook Hospital, Dept. of Veterans Affairs, Toronto, Ont.
Prosthodontics	-	Dr. R.J. Godfrey, 230 College St., Toronto, Ont.
Restorative Dentistry	-	Dr. J.D. McLean, Dean, Faculty of Dentistry, Dalhousie University, Halifax, N.S.

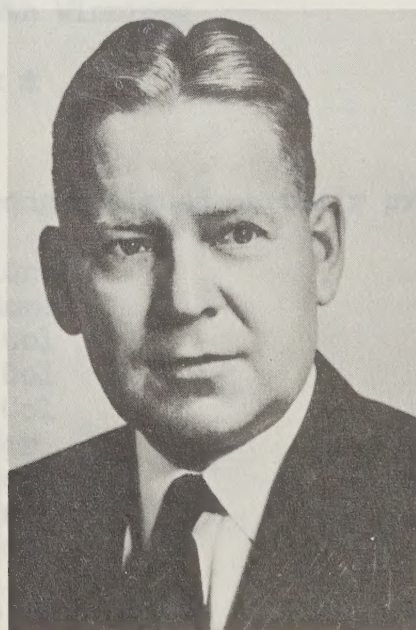
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|-------------------------------------|---|---|
| Dental Research | - | Dr. J.P. Lussier,
Dean & Director of Studies,
Faculty of Dental Surgery,
University of Montreal,
Montreal, Que. |
| Oral Diagnosis
and Roentgenology | - | Dr. H.R. MacLean,
Dean,
Faculty of Dentistry,
University of Alberta,
Edmonton, Alta. |
| Dental Ethics | - | Dr. D.W. Gullett,
Secretary Treasurer,
Canadian Dental Association,
234 St. George Street,
Toronto, Ont. |

These appointments were accepted with great pleasure by all concerned and each expressed his desire to assist the Director General in any capacity requested. As a gesture of appreciation for participating on the Board, each Consultant was presented with a suitably engraved framed certificate.

Although only one formal meeting of the Board has been held since its inception, the services of these Consultants have been used many times by the DGDS and their prompt response to his requests have been most appreciated. To those who have completed their term of service and are retiring from active participation on the Board, all members of the Corps extend their sincere thanks and best wishes for continued success in their specialty fields. To those who have accepted the invitation to serve an additional term and to the new members the DGDS bids his welcome. Photographs of all members of the Board are not immediately available but pictured below are the recently appointed consultants, Dean J. McCutcheon and Dr. James P. Coupland.



Dean James McCutcheon
Faculty of Dentistry
McGill University
Montreal, PQ
Consultant in Prosthodontics



Dr James P Coupland
225 Metcalfe St
Ottawa, Ont
Consultant in Oral Surgery

WELCOME TO THE CORPS

Congratulations are extended to the eighteen graduates of dental schools across Canada who have recently been promoted to the rank of Captain and are now active members of the Corps in the following locations:

Capt	LW	Armstrong	Alberta	Fort Churchill
Capt	GE	Brissette	Montreal	HMCS Cornwallis
Capt	JHG	Charron	Montreal	3 Det RCAMC Quebec
Capt	JCL	Giguere	Montreal	RCAF Stn Namao
Capt	JL	Girard	Montreal	RCAF Stn Winnipeg
Capt	GW	Hill	Alberta	RCAF Stn Cold Lake
Capt	RWR	Horn	Toronto	RCAF Stn Clinton
Capt	JMM	Houde	Montreal	HQ 15 Dent Coy Montreal
Capt	MB	Krickan	Alberta	HMCS Naden
Capt	WR	Kyle	Toronto	RCAF Stn Camp Borden
Capt	RM	MacDonald	Dalhousie	RCAF Stn Trenton
Capt	CM	Mason	Alberta	Griesbach Bks Edmonton
Capt	PR	McQueen	Alberta	Camp Valcartier
Capt	RT	Mori	Alberta	RCAF Stn Trenton
Capt	DR	O'Hara	Toronto	RCAF Stn Rockcliffe
Capt	AN	Swanzy	Dalhousie	HMCS Stadacona
Capt	MD	Taylor	Alberta	RCAF Stn Saskatoon
Capt	PS	Wade	Toronto	RCAF Stn St Jean

An equally warm welcome is offered to the following Corps transfers, Airwomen and Part V Dental Nurses:

Cpl	MJ	Hall	-	Griesbach Bks Edmonton
Pte	RL	Geddes	-	HQ 12 Dent Coy Halifax
Pte	NL	Highfield	-	RCAF Stn Trenton
LAW	EJ	Deveaux	-	RCAF Stn Downsview
LAW	M	Kant	-	RCAF Stn Rockcliffe
AWL	EM	McCoy	-	RCAF Stn St Hubert
Mrs	R	Zagalsky	-	RCAF Stn Winnipeg

PROMOTIONS

The following Corps personnel are congratulated on their promotions:

Lt Col	GR	Covey	-	to Colonel
Lt Col	RHG	Cunningham	-	to Colonel
Major	JC	Brick	-	to Lt Col
Major	LR	Pierce	-	to Lt Col
Major	LA	Richardson	-	to Lt Col
Capt	GT	Crossman	-	to Major
Capt	LE	Kelly	-	to Major
Capt	DJ	MacPhee	-	to Major
Capt	WA	Sugars	-	to Major
Cpl	LR	Barrett	-	to Sgt
Cpl	EB	Borden	-	to Sgt
Cpl	JIJ	Boulanger	-	to Sgt
Cpl	H	Chamberlain	-	to Sgt
Cpl	JRM	Chayer	-	to Sgt
Cpl	WR	Dawson	-	to Sgt
Cpl	N	Demedash	-	to Sgt
Cpl	TY	Dundas(RCAF)	-	to Sgt

PROMOTIONS (cont'd)

Cpl	DL	Fenton	- to Sgt
Cpl	WG	Harmer	- to Sgt
Cpl	WA	Jackson	- to Sgt
Cpl	EA	Jermain	- to L/Sgt
Cpl	EJ	Lansey	- to Sgt
Cpl	G	Sapergia	- to Sgt
Cpl	AE	Werkmann	- to Sgt

RETIREMENTS

The following officers have recently retired from the Corps, and to them are extended best wishes for the future:

Colonel	GB	Shillington	- DDGDS, Ottawa
Lt Col	OW	Crummey	- Senior Clinician, Griesbach Bks, Edmonton
Major	JG	Andrews	- RCAF Stn Trenton
Major	WR	Cunningham	- Ceased Call-Out at HMCS Stadacona

RELEASES

Good wishes for the future are offered to these officers who have taken their release on completion of their short-service commissions.

Capt	MA	Abramson	- HMC Dockyard Halifax
Capt	LJE	Bosse	- CMR St Jean
Capt	DG	Gardner	- HMCS Cape Breton
Capt	LC	Gray	- RCAF Stn Vancouver
Capt	WB	Hudgins	- RCAF Stn Camp Borden
Capt	MAJ	Lachapelle	- HMCS Stadacona
Capt	HC	Stewart	- Ft Osborne Bks Winnipeg
Capt	OA	Tucker	- RCAF Stn Portage la Prairie

A sincere expression of hope for future happiness is also extended to the following personnel who have left the Corps:

Cpl	SR	Monahan	- RCAF Stn Cold Lake
Pte	LA	Russell	- Ft Osborne Bks Winnipeg
LAW	DF	Adams	- RCAF Stn Cold Lake
AWL	AM	Burdell	- RCAF Stn Namao
LAW	DJ	Kokoski	- RCAF Stn Downsview
AWL	MA	Lawrence	- RCAF Stn Camp Borden
Cpl	EE	Steeves	- RCAF Stn Goose Bay
LAW	ML	Wilson	- RCAF Stn Summerside
Mrs	NJ	Jakubowicz	- (Part V) - Ft Osborne Bks Winnipeg

POSTINGS

The following changes in location and appointments have occurred or will take place in the near future:

Colonel IAL Millar has been appointed to the position of Deputy Director General of Dental Services at Army Headquarters, Ottawa. Colonel Millar has served as Director of Dental Services (Navy) for the past two years.

Colonel AC Leman has been posted to the Directorate as DDS (Air) from Trenton where he was Commanding Officer of No 13 Dental Company and Command Dental Officer for Central Command, Cakville.

Colonel AT Roger has relinquished command of No 12 Dental Company, Halifax and his appointment as CDO Eastern Command and has been appointed CO of No 13 Dental Company, Trenton, and CDO Central Command.

Colonel GR Covey, DDS (Navy) at the Directorate will be appointed Commandant of the RCDC School, Camp Borden, replacing Colonel CE Purdy who is retiring from the Canadian Army.

Lt Col JC Brick has been posted from RCAF Stn Uplands to the No 1 Dental Clinic, RCAF HQ, Ottawa as Senior Clinician, Ottawa area.

Lt Col CM Cornish who has served for the past two years as Senior Clinician at the RCAF HQ clinic in Ottawa has been posted to RCAF Stn Trenton as Senior Clinician.

Lt Col RHG Cunningham has been posted to Halifax and assumes command of No 12 Dental Company and the appointment as CDO Eastern Command. Lt Col Cunningham has been Senior Clinician at RCAF Stn Trenton for the past two years.

Lt Col GC Evans, former CO of No 4 Field Dental Company, Germany, has been posted to Army Headquarters, Ottawa as a Deputy Director of Dental Services.

Lt Col G McDougall has been appointed CO of No 4 Field Dental Company and proceeded to Germany from HMCS Naden where he served as Senior Clinician.

Lt Col JW Turner, on completion of a two-year exchange posting at the US Naval Dental School, Bethesda, Md, returns to the RCDC School at Camp Borden where he has been appointed to the post of Chief Instructor.

Major WH	Carter	- to AFHQ Clinic, Ottawa from RCAF Stn Cold Lake
Major TD	Cobb	- to Camp Gagetown from Griesbach Bks, Edmonton
Major JL	Craig	- to 35 Fd Dent Unit from AFHQ Clinic, Ottawa
Major JI	Gordon	- to RCAF Stn North Bay from RCAF Stn St Hubert
Major WH	Harrington	- to No 6 PD (HL) Toronto from 35 Fd Dent Unit
Major AT	Hinch	- to RCAF Stn Cold Lake from 35 Fd Dent Unit
Major AL	Kelland	- to RCDC School from CBUME
Major LE	Kelly	- to RCAF Stn Comox from 4 Fd Dent Coy
Major JA	Lauziere	- to RCAF Stn Uplands from Ft Osborne Bks Winnipeg
Major DE	McDermott	- to 35 Fd Dent Unit from Camp Gagetown
Major RJK	Pyne	- to CBUME from RCAF Stn Comox
Major LR	Pierce	- to HMCS Naden from RCAF Stn Clinton

POSTINGS (cont'd)

Major	MP	Quinn	- to HMCS Bonaventure from HQ BC Area, Vancouver
Major	CJ	Sivell	- to Griesbach Bks, Edmonton from 35 Fd Dent Unit
Major	JJN	Wright	- to RCAF Stn Clinton from RCDC School
Capt	NH	Andrews	- to Portage la Prairie from RCAF Stn Winnipeg
Capt	JOL	Bourget	- to 35 Fd Dent Unit from CBUME
Capt	MDG	Conrad	- to HMCS Stadacona from CBUME
Capt	JLY	Cyrenne	- to CBUME from RMC Kingston
Capt	PA	Dailyde	- to HMCS Cape Breton from Griesbach Bks, Edmonton
Capt	JF	Eadon	- to 4 Fd Dent Coy from RCAF Stn Penhold
Capt	DH	Evans	- to Pers RCDC from 35 Fd Dent Unit
Capt	WJ	Froese	- to Camp Petawawa from Fort Churchill
Capt	BA	Gaudet	- to HQ BC Area, Vancouver from 3 Det RCAMC, Quebec City
Capt	JH	Marion	- to 35 Fd Dent Unit from Camp Valcartier
Capt	NA	McFarlane	- to RCAF Stn Cold Lake from HMCS Cornwallis
Capt	RJ	Paturel	- to CBUME from RCSME Vedder Crossing
Capt	LA	Reynolds	- to 4 Fd Dent Coy from RCAF Stn North Bay
Capt	A	Van Ryssel	- to 35 Fd Dent Unit from RCDC School
Lieut	M	Kostyniuk	- to 35 Fd Dent Unit from 1 Dent Eqpt Dep
WO1	CH	Loken	- to RCDC School from 35 Fd Dent Unit
WO2	EK	Aberernethy	- to 4 Fd Dent Coy from Griesbach Bks
WO2	AG	Cross	- to AFHQ Clinic, Ottawa from 35 Fd Dent Unit
WO2	RH	Daw	- to RCAF Stn Trenton from HMCS Naden
WO2	PL	Gourlay	- to HMCS Naden from 4 Fd Dent Coy
WO2	DW	Riddell	- to 4 Fd Dent Coy from RCAF Stn Trenton
WO2	DD	Robertson	- to Camp Gagetown from 4 Fd Dent Coy
Ssgt	WA	Bennett	- to DGDS from 4 Fd Dent Coy
Ssgt	EMB	Everett	- to HQ 12 Dent Coy Halifax from RCAF Stn Trenton
Ssgt	MM	Fediuk	- to HMCS Naden from RCAF Stn Cold Lake
Ssgt	JF	Heard	- to RCAF Stn Trenton from AFHQ Clinic, Ottawa
Ssgt	RG	Stewart	- to 1 Dent Eqpt Dep from HQ 12 Dent Coy Halifax
Ssgt	TW	Sullivan	- to 4 Fd Dent Coy from 1 Dent Eqpt Dep
Ssgt	CA	Young	- to DGDS from HQ 14 Dent Coy, Winnipeg
Sgt	JR	Cahill	- to Kingston from 4 Fd Dent Coy
Sgt	JP	Carrier	- to Pers RCDC from DGDS
Sgt	G	Dancer	- to 25 COD Montreal from CBUME
Sgt	J	Dion	- to HQ BC Area Vancouver from CBUME
Sgt	DL	Fenton	- to HQ 14 Dent Coy Winnipeg to RCAF Stn Winnipeg
Sgt	A	Fox	- to RCAF Stn Cold Lake from 35 Fd Dent Unit
Sgt	P	Fox	- to RCAF Stn Penhold from CBUME
Sgt	GR	Jennings	- to 35 Fd Dent Unit from RCDC School
Sgt	CC	Jewson	- to 4 Fd Dent Coy from Camp Gagetown
Sgt	RK	Jones	- to 4 Fd Dent Coy from HMC Dockyard, Halifax
Sgt	JH	Kay	- to HMCS Stadacona from 4 Fd Dent Coy
Sgt	FM	Kennedy	- to HQ Calgary Grn from RCAF Stn Cold Lake
Sgt	AD	Lillico	- to HQ 14 Dent Coy, Winnipeg to DGDS
Sgt	RJ	Lowery	- to 11 Dent Coy from RCDC School
Sgt	G	MacQuish	- to 1 Dent Eqpt Dep from HQ 12 Dent Coy Halifax
Sgt	EE	McFadden	- to 35 Fd Dent Unit from RCAF Stn Lincoln Park
Sgt	CC	Millard	- to RCAF Stn Downsview from 4 Fd Dent Coy
Sgt	W	Olynyk	- to 4 Fd Dent Coy from RCAF Stn Centralia
Sgt	JM	Roberts	- to DGDS from 35 Fd Dent Unit
Sgt	VH	Shaw	- to 35 Fd Dent Unit from 4 Fd Dent Coy
Sgt	KJ	Smallshaw	- to DGDS from Pers RCDC

Cpl	PJ	Dumas	- to 1 Dent Eqpt Dep from CBUME
Cpl	EA	Duve	- to RCAF Stn Trenton from 1 Dent Eqpt Dep
Cpl	CVS	Forsythe	- to RCAF Stn Trenton from 3 Det RCAMC, Quebec
Cpl	ADT	Gardner	- to RCDC School from DGDS
Cpl	WG	Harmer	- to 4 Fd Dent Coy from HQ BC Area, Vancouver
Cpl	RB	Johnson	- to CBUME from RCAF Stn Penhold
Cpl	DB	Loosely	- to 4 Fd Dent Coy from Camp Petawawa
Cpl	JM	MacLean	- to RCAF Stn Centralia from Fort Churchill
Cpl	RW	McDonald	- to CBUME from 1 Dent Eqpt Dep
Cpl	G	Sapergia	- to CBUME from RMC Kingston
Cpl	GM	Wadden	- to Camp Gagetown from HMCS Stadacona
Pte	RS	Black	- to Fort Churchill from HMCS Cornwallis
Pte	N	Cable	- to RCAF Stn Winnipeg from Ft Osborne Bks, Winnipeg
Pte	DJ	Davies	- to HMCS Shearwater from HMCS Stadacona
Pte	BF	Hannah	- to RCAF Stn Saskatoon from Ft Osborne Bks
Pte	DH	Hardy	- to RCAF Stn Cold Lake from Camp Gagetown
Pte	WD	Horne	- to Camp Gagetown from HMCS Shearwater
Pte	JP	Lambert	- to RCAF Stn Uplands from RCAF Stn Trenton
Pte	DK	Mand	- to 4 Pers Depot, Montreal from Ft Churchill
Pte	OR	Sorensen	- to RCAF Stn Downsview from Camp Picton
WO2	P	Savage(RCAF)	- to RCAF Stn Winnipeg from RCAF Stn Trenton
F/Sgt	CMB	Torrens	- to 35 Fd Dent Unit from RCAF Stn Winnipeg
LAW	MH	Boles	- to RCAF Stn Winnipeg from RCAF Stn Parent
LAW	JA	Bowes	- to RCAF Stn St Hubert from 35 Fd Dent Unit
LAW	E	Byrne	- to RCAF Stn Parent from RCAF Stn Winnipeg
AW2	SDJ	Clutterbuck	- to RCAF Stn Goose Bay from RCAF Stn St Hubert
AW1	MM	Delory	- to RCAF Stn Summerside from RCAF Stn St Hubert
LAW	SD	Fitzpatrick	- to RCAF Stn Namao from RCAF Stn Chatham
AW1	I	Gruener	- to RCAF Stn Goose Bay from RCAF Stn St Jean
AW2	MYC	Lachance	- to RCAF Stn St Jean from RCAF Stn Parent
AW1	SJ	McMillan	- to 35 Fd Dent Unit from RCAF Stn Goose Bay
AW1	JE	Patterson	- to RCAF Stn Bagotville from RCAF Stn Trenton
AW1	JM	Roberts	- to 35 Fd Dent Unit from RCAF Stn Bagotville
LAW	FB	Schmaltz	- to RCAF Stn Comox from RCAF Stn St Hubert
LAW	LP	Yakemchuk	- to RCAF Stn Namao from RCAF Stn St Hubert

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TRAINING

During the past three months, Corps personnel have completed the following training:

Ash Temple Ltd, Toronto

Airrotor Handpieces - 27 - 28 May 63 - Lt EA Church

RCDC School

Senior Dental Technician Laboratory Course - 22 Apr - 17 May 63

WO1	AM	Gareau
WO2	CS	Madge
WO2	CD	Mann
WO2	W	Powers
Sgt	C	Johnston

TRAINING (cont'd)Dental Assistant Group 1 - 22 Apr - 24 May 63

Pte	CS	Brown
Pte	DE	Fraser
Pte	JJ	Gallivan
Pte	GMR	Gravel
Pte	JF	Hill
Pte	MD	Longford
Pte	LI	McLean
Pte	H	McRae
Pte	RJ	Rutledge
Pte	JE	Silverson
Pte	JA	Strasdin
Pte	RD	Veinot
Pte	PD	Whynott

LAW	MN	Boles
AW2	SJD	Clutterbuck
AW1	MOB	Cyr
AW2	MM	Delory
AW2	JE	Richardson
AW2	EM	Romanick
AW1	ND	Scarborough

1 Dent Eqpt Dep, Camp PetawawaSummer Training - 24 - 30 Jun 63

Major CG Hunt - 54 Dent Unit (M)

DER Assessment Training - 1 - 26 Apr 63

Sgt DL Fenton

QM Stores, No 14 Dent Coy WinnipegSummer Training - 2 - 5 Jul 63

Ssgt WH Beckett - 57 Dent Unit (M)

No 1 Clinic, Ft Osborne Bks, WinnipegSummer Training - 2 - 5 Jul 63

Pte	R	Grech - 57 Dent Unit (M)
Pte	KL	Topp - 57 Dent Unit (M)

Command Jr NCO Courses

Cpl	RB	Johnson
Cpl	JM	MacLean
Pte	JPL	Nadeau

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VITAL STATISTICSRCDC SCHOOLBirths

To Cpl and Mrs HC King, a daughter, Jill Christine, on 21 May 63.

11 DENT COYBirths

To Capt and Mrs WTH Harley, a son, William Scott Hamilton, born 4 Jun 63.

To Capt and Mrs GA Johnson, a son, Glen Allan, born 23 May 63.

Hospital

WO2 EK Abernethy - 19 - 24 May 63

Ssgt MF Conkey - 12 - 14 Jun, 24 Jun - 3 Jul 63

12 DENT COYBirths

To Capt and Mrs LTFB Archambault, a daughter, Marie-Claude Gisele, born 21 May 63.

14 DENT COYMarriages

Capt WJ Froese was married to Miss Hazel Louise Harper at Killarney, Man on 6 Jul 63.

On 25 May 63, AW1 RD Armstrong married LAC JW Lewis.

Births

To Capt and Mrs RJ Gillis, a son, Christopher John, at Winnipeg on 1 May 63.

To Capt and Mrs NH Andrews, a daughter, Catherine Ann, at Winnipeg on 12 Apr 63.

To Pte and Mrs BF Hannah, a son, Cameron Frederick, at Winnipeg on 31 May 63.

Hospital

Ssgt FR Taylor - 30 Mar - 24 Jun 63.

15 DENT COYBirths

To Lt Col and Mrs WW Anglin, a son, Walter Mark, on 29 Apr 63.

To Capt and Mrs LJE Bosse, a daughter, Marie Paule Julie, on 16 Apr 63.

To Capt and Mrs JCRR Roy, a daughter, Marie-Elaine, born 13 May 63.

VITAL STATISTICS (cont'd)

To Capt and Mrs JFA Marcil, a son, Joseph Rodolphe Normand Alain, on 16 Jun 63.

To Sgt and Mrs JRM Chayer, a daughter, Marie Angela Michel, on 24 Apr 63.

Marriages

Capt BA Gaudet was married to Miss Helene Laliberte on 27 Apr 63.

Hospital

Capt	PS	Wade	-	12-20 Jun 63
Ssgt	HEG	Franzgrote	-	21 Jun - 10 Jul 63
Sgt	JIJ	Boulanger	-	18-21 Jun 63

CBUMEBirths

To Lsgt and Mrs PJ Dumas, a daughter, Darlene Anne, born 9 Apr 63.

FIRST ANNUAL RCDC GOLF TOURNAMENTTO BE HELD AT CAMP BORDEN

SATURDAY 21 SEP 63

All members of the RCDC (Regular) and (Militia) are eligible.

Gross and net prizes will be presented.

The Entry Fee of \$5.00 includes greens fees, prizes and dinner.

Quarters are available for all single and unaccompanied personnel.

Hotel/Motel reservations will be arranged for accompanied personnel if required.

Entries are to be submitted to the Adjutant, The RCDC School by 15 Sep 63 and should include the following:

- a. Rank and name.
- b. Handicap.
- c. Accommodation required.
- d. Entry Fee.

If participants wish to make up unit teams, please specify.

Further details will be forwarded later to all units.

DIRECTORATE NEWS

Director General Appointed to Board of Governors of CDA

Brigadier KM Baird has been selected as the first representative of the Federal Dental Services on the Board of Governors of the Canadian Dental Association. During his three-year term, Brigadier will speak for all dentists employed by the Departments of National Defence, National Health and Welfare and Veterans Affairs.

Wife of Former Director General Passes Suddenly

A sincere expression of sympathy is extended to Brigadier EM Wansbrough and family on the death of Mrs Ruth Wansbrough, the 29th of June.

Colonel Shillington Tendered Retirement Dinner

A large number of officers and their ladies gathered at the Army Headquarters Officers' Mess on the sixth of June to express best wishes to Colonel and Mrs GB Shillington on the occasion of Colonel Shillington's retirement from the Canadian Army.

After supper, Brigadier KM Baird reviewed Colonel Shillington's 24 years of service and wished both he and Mrs Shillington every success and happiness on their return to civilian life. Among the presentations made was a suitably engraved silver chafing dish from the officers of the Corps.

Colonel Millar Receives New Appointment

Colonel IAL Millar, who has served as Director of Dental Services (Navy) for the past two years has been appointed Deputy Director General of Dental Services, which position became vacant on the retirement of Colonel GB Shillington.

Directorate Officers at Gagetown

Major HR Kettlys has been despatched to Camp Gagetown for the summer concentration as senior officer in charge of the dental component of the Experimental Brigade Service Battalion. Colonel IAL Millar spent a short period during July observing the field operations of the new unit.

Corporal Gardner Wins Small Arms Award

Corporal ADT Gardner was a most successful competitor in the AHQ Small Arms Competition, placing among the top ten marksmen and is congratulated particularly for winning the "Falling Plates" event.

THE RCDC SCHOOL NEWS

Camp and Community Activities

Many of the members of the School staff have been prominent in the local news during the past few months through their election or appointment to positions in Camp and Community Organizations.

On 27 Jun Major DH (Hap) Protheroe was appointed Editor-in-Chief of the local weekly newspaper "The Camp Borden Citizen".

Colonel CE Purdy continues to chair the local School Board Committee, a position he has held for the past two years.

Capt Charlie Casterton was promoted from Vice-President to President of the Camp Borden Golf Club.

Lt Col Bill Thompson has the honour of being the first RCDC officer to be elected President of the CFMSTC Officers' Mess.

WO 2 Herb Bilbey was elected President of the CFMSTC Sergeants' Mess in Jun.

WO 2 Tommy Batten was chosen as manager-coach of the Camp Borden Juvenile baseball team entered in the South Simcoe League.

WO 2 Recce Jackson, Sgt Ken Libby and Pte Gerry Fathers have volunteered their services as umpires for the Camp Borden Little League Baseball.

Sports

WO 2 Tommy Batten's name has been engraved on "The Fletcher Trophy" for 1963, emblematic of golf supremacy in the annual School tournament. The championship was never in doubt as Tommy played steady golf through eighteen holes to finish with a score of 81. Capt Charlie Casterton and Major Jim Wright both made gallant bids to catch him and ended up second and third respectively.

For the benefit of the many Corps personnel who are members of the Ash Temple Fishing Club and didn't make the annual trip to Northern Ontario this year, Capt Charlie Casterton landed the big one and received the Ash Temple Trophy plus the usual cash award.

The first annual RCDC golf tournament will be held this year in Camp Borden sponsored by the School. A trophy, yet unnamed, will be awarded to the low team score for the day as well as individual gross and net prizes. See the notice in this issue of the Quarterly and send your entry in now.

Dedicate RCDC Chapel Window



Thirty RCDC personnel are shown parading to the chapel for the dedication of the RCDC window.

The crest of the Royal Canadian Dental Corps in stained glass was unveiled and dedicated in Trinity Chapel on Sunday 12 May 63. The impressive ceremony was witnessed by a capacity congregation of servicemen, dependents and guests. Following the unveiling by WO 2 EM Lobb, the window was dedicated by the Commandant of The RCDC School.

The installation provides everlasting evidence of the unity of purpose and effort on the part of members of the RCDC and their wives.

Grade I Pupils Visit RCDC School

Approximately 265 Grade I pupils visited the RCDC School on May 27, 29 and 30th as part of the 1963 Dental Health Education Programme for Camp Borden. On arrival, the children were shown an appropriate movie on dental health and then split up into small groups for a tour of the building which included tooth brushing instructions, dental examinations and familiarization with dental equipment. The fact that not a single tear was shed is proof of the value of introducing children to a dental environment under pleasant conditions. The accompanying photographs show the children receiving instruction from WO 2 EB Morse and Miss IM White.



Candidates on the dental technician clinical group 3 course visited each public school and presented films and dental health instruction to the remainder of the public school children. The Dental Health Education Programme for dependent children will continue in the fall.

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NO 1 DENTAL EQUIPMENT DEPOT NEWS

Sports

Sgt AF Davison skipped his mixed rink to the Camp Petawawa Curling Club championship and was also a member of the mens' championship rink.

The volleyball team from this unit won the finals in the static unit regimental volleyball league. Under the guidance of Lt M Kostyniuk the following personnel made up the winning team: Sgt JW Hutchinson, Sgt AF Semple, Sgt AL Strub, Cpls Beattie, Duve, McRoberts, Rochon and Pte Nadeau.

Major JW Fletcher had the honour of being captain of the bowling team which won the Camp Petawawa Garrison Mens' League Championship.

Unit Fishing Derby - 5 Jun 63

Trophy Winner - Pte PD Whynott of No 3 Clinic RCDC.

Annual Spring Party

Personnel from this unit and No 3 Dental Clinic combined for the Annual Dental Spring Party held in Dundonald Hall, Camp Petawawa on Friday, 14 Jun 63.

11 DENT COY NEWS

Mary Otter Trials

The HQ BC Area team, of which Sgt Nicholson is a member, placed third in the tri-service competition for the Mary Otter Trophy in Canada.

Unit Members Compete in Small Arms Competitions

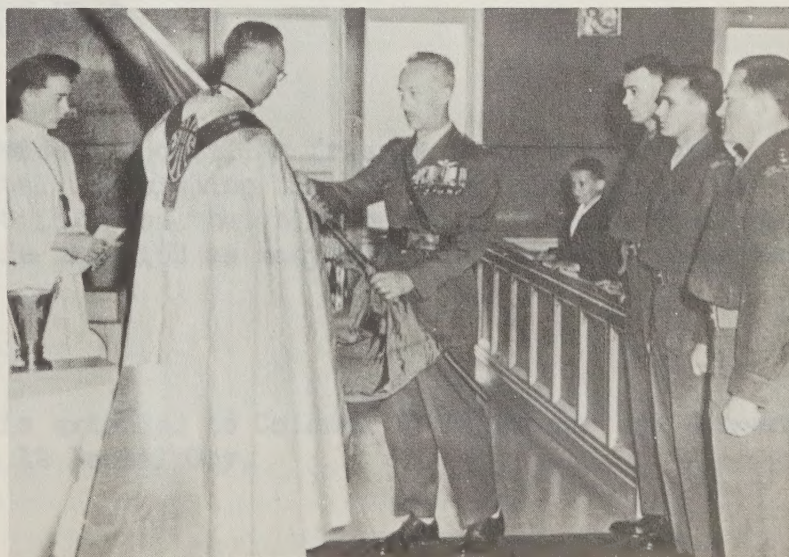
Cpl Schuh and Pte Herrett participated in the Alberta Area Meet of the Canadian Army (Regular) Small Arms Competition 1963 at Camp Sarcee. Cpl Schuh placed first in individual high scorers not on the winning pistol team and third in the overall competition. His position enabled him to participate in the Western Command Meet at Wainwright where he placed tenth.

Corps Flags Presented to Chapels

RCDC Flags have been presented to and will hang in the chapels at Griesbach along with the corps flags of the other units serving in the Griesbach Area. The flags were dedicated in St John's and Our Lady of Fatima Chapel on 21 Apr and 28 Apr 63 respectively.



Ssgt H Hodgkinson, Sgt RH Palmer, Major TD Cobb, Padre SH Clarke and Padre J Cardy



Father CH Belanger, Col BP Kearney, Cpl A Schuh, Capt AP Dailydc and Capt PP Morin

12 DENT COY NEWSUnit Officers Present Table Clinics

Major RE Dyer and Major AG Taylor presented table clinics at the Atlantic Provinces Convention held in Fredericton early in July.

Social

This unit has bid farewell to many of its members in the past few months.

Colonel Roger was guest of honour at a Stag on the occasion of his posting as CO of No 13 Dental Coy and both he and Mrs Roger were tendered a mixed party aboard HMCS Bonaventure, at which best wishes for future happiness in Trenton and mementoes of their stay in the Maritimes were presented.

A Dining-out Night was held for Captains Lachapelle and Abramson to mark their release from the Canadian Army. Marc will set up practice in Simcoe, Ont, while Arnold is going to Calgary. Our best wishes for success go with him.

A stag party for Ssgt Stewart preceded his departure from the unit and we trust he will enjoy his new posting to Camp Petawawa.

Warrant Officer's Son Made Queen's Scout

Our congratulations are extended to Donald Shiner, son of WO2 John Shiner who was recently presented with his Queen's Scout Badge by the Lieutenant-Governor at Halifax.

Sports

Catching up with winter sports awards, Sgt Frank Martell was a member of the Greenwood bowling team which won the Maritime Five Pin title at St John's, Nfld, and Cpl Barrett and his partner were declared mixed double badminton champions at Cornwallis.

In curling, the rink of Major McDermott, Capt Johnston, Corporal Peterson and Corporal Mason finished the season as Grand Champions of the Gagetown League.

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13 DENT COY NEWSOutgoing CO

Colonel AC Leman's many service and civilian friends in this area have joined with all personnel of 13 Dental Coy wishing him the very best in his new posting and appointment in DGDS. It is hoped that his four year tour as Commanding Officer of this unit will provide him with as many pleasant memories as he has left with us.

Incoming CO

A warm and sincere welcome is extended to Colonel AT Roger our new Commanding Officer who has come to us from 12 Dental Coy.

Retirement

Major JG (Jim) Andrews has left the Corps on retirement and at last report was planning on setting up practice in Toronto with our very best wishes for happiness, success and health ringing in his ears.

Unit Officer Addresses Provincial Specialists

Major AG Andrews of RCAF Stn Rockcliffe and Wing Commander HC Robinson of National Defence Medical Center presented a two-part paper on Cystic Lesions of the Mandible before the Ontario Otolaryngological Society in Toronto on 6 Jun 63.

Lt Col Brick Competes at Bisley

A member of the Canadian Army Rifle Team, Lt Col JC Brick has recently returned from temporary duty in England where he competed in the Bisley Rifle Match.

Four Swimming Awards to Pte Lindsay

Pte RS Lindsay of 21 Dental Clinic London was selected as a member of the Western Ontario Area swimming team and attended the Central Command Olympics swimming meet held at Kingston, Ontario 21 - 24 May 63. Pte Lindsay amassed the following array of awards for which he should be justly proud:

- a. 100 metre free style - 3rd-bronze medal.
- b. 100 metre individual Relay - 2nd-silver medal.
- c. 4 x 100 metre free-style relay (4 man team) - 2nd-silver medal.
- d. 4 x 100 metre medley relay (4 man team) - 2nd-silver medal.

Lt Col Windsor Wins Golf Trophy



Lt Col GE Windsor is shown seated with the S.A. Moore Trophy presented to him as winner in the 35th Annual London and District Dentists' Golf Tournament. Standing left to right are the other major prize winners, Alan Humphreys, Murray Dewis and Ron Galbraith. (London Free Press Photo).

14 DENT COY NEWSUnit Officers Attend Dental Convention

The Western Canada Dental Society Dental Convention was held in Winnipeg during 9 to 12 Jun 63 and was attended by Lt Cols RB Jackson and LA Richardson, Major JA Lauziere and Capt RJ Gillis.

A feature of the convention was the RCDC Association cocktail party and reception on Tuesday, 11 Jun 63. 57 Militia Dental Unit displayed photographs of all wartime Dental Companies. This exhibit was particularly interesting to the many ex-CDC dentists present.

Unit Holds Bonspiel

The annual mixed curling bonspiel was held on Thursday, 18 Apr 63, at the Fort Osborne Curling Club with all ranks, their ladies and associated personnel participating.

Eight teams competed through three draws for the Jackson trophy, emblematic of curling supremacy in 14 Coy. On completion of regular play rinks skipped by Lieut Herb Doyle and Capt Jaques Boulay were even on points.

The play-off was won by Lieut Doyle's rink, composed of Lieut and Mrs Doyle, Ssgt and Mrs Kelly MacFarlane. Runners up were Capts Boulay, Houde and Andrews, and Sgt Nick Demedash. After a late afternoon break-off the group reconvened for an evening of dancing followed by a delicious mixed sea food dinner.

Appointments to Golf Club Executive

Lt Col RB Jackson has been appointed Chairman of the Fort Osborne Golf Club and Capt GJ Moore as Secretary.

Posting Party

Personnel of this unit and their ladies together with RCAF and civilian associates employed in Winnipeg gathered in the lounge at the Fort Osborne Curling Club on the evening of 14 Jun 63 for an annual posting party and to bid farewell to members who will be departing from Winnipeg during the summer months. Guests of honour included Major JA Lauziere, Capt HC Stewart and Capt JR Boulay, Ssgt CA Young, and Fsgt CMB Torrens.

After an evening of dancing, a delicious supper was served and farewell gifts were presented to the departees.

15 DENT COY NEWSDental Increment on Exercise

Capt JPP Prud'homme, Sgt MD Crockett and Pte JAY Ferland, the Dental Increment to the UN Standby Bn, proceeded to Wainwright, Alta with 1 Bn R22e for Exercise Qui Vive 3.

Training

Our congratulations go to Ssgt Hans Franzgrote who recently completed the Air Defence Command Supervising and Management Course with a mark of 94% and an overall average of 90%. A/V/M Hendricks presented the certificate.

Unit Officer Presents Table Clinic

Capt JRA Vincent presented a table clinic "Quelques Trucs du Metier - Dentisterie Operatoire" at the Association Dentaire de la Province de Quebec Convention, 24 May 63.

Duty Trips

Majors JD Bourque and JI Gordon were despatched on temporary duty to RCAF Stations Chibougamau and La Macaza respectively during June. Both stations reportedly have excellent fishing but the Majors state that the treatment load was too heavy to leave time for recreation. However, we would still wager that their fishing lines were dampened a few times. Ptes Ferland and Hill were the DAS on these trips.

Fond Farewell

A gift was presented to Capt LJE Bosse by the members of St Jean's detachment, to which we add our best wishes on his transfer to civilian life.

4 FD DENT COY NEWS

Dental Conferences

Lt Col Evans, Capt Collier and Capt MacPhee attended the annual USAFE - USAEUR dental conference at Garmish from 9 to 11 May.

Major Chatwin was present at the Federation Dentaire Internationale meeting, 1 - 3 Jul at Stockholm, Sweden.

Unit on Summer Exercises

With one sub-section remaining in static location, the unit moved with 4 CIBG into concentration at Sennelager for the period 25 May to 15 Jun.

Capt Collier, Sgt Lansey, Sgt Hossdorf and two RCASC drivers made up the dental sub-section which proceeded with 3 RCHA to the Hohne Artillery Ranges for summer exercises.

35 FD DENT UNIT NEWS

Officers Attend Conference

For the period 9 - 11 May, Lt Col Craigie, Major Harrington, Major Susser and Capt Boucher attended the USAFE - USAEUR dental conference at Garmish, Bavaria.

Practice Alert Sounded

A work stoppage occurred at unit headquarters during the afternoon of 24 April when all personnel proceeded to the Casualty Clearing Centre at Fort Jury as part of a practice alert for HQ 1 Air Division.

Golf Tournament Held

Lt Col Craigie, in his capacity as Chairman of the committee, made the

arrangements for the No 1 Air Division Golf Tournament which was held at Luxembourg on 12 - 13 June and won by No 1 Air Division Headquarters.

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CBUME NEWS

Leave and Tours

All members of the Dental Detachment have had the opportunity to take advantage of a one-day tour through the UNRWA Establishments in the Gaza Strip. UNRWA looks after the relief and welfare of the Palestinian refugees located in this area. During this tour refugee camps, food supply centres, hospitals, schools and other welfare establishments were visited. Everyone was most impressed and a better understanding was gained of the many problems involved in caring for these displaced people.

On July the first, Capt Paturel, along with other Canadian Contingent officers, was the guest of the Canadian Ambassador to Egypt at a Dominion Day reception in Cairo.

The United Nations Leave Centre was recently re-opened for the summer season in Beirut, Lebanon, and everyone is now busy planning his leave and looking forward to a change in climate and atmosphere.

Change of Command

On the third of May, Major RJK Pyne officially took over Command of the Canadian Dental Detachment and the duties of Senior Dental Staff Officer for UNEF in the Middle East. He replaced Major AL Kelland, who has since departed for employment at the RCDC School. A hand-over parade was held in the morning, and at this time Major AL Kelland presented the UNEF Medal to Sgt Shechosky.

A Calypso Star is Born

The musical talents of Sgt Pete Sprathoff were recognized and rewarded at a recent HQ Coy talent show in "B" Men's Mess. Following an accordin solo, Pete appeared in black face and appropriate costume to accompany himself on the ukelele while he rendered his interpretation of the "Banana Boat Song". The act won him first prize which was later presented to him by the Commander of Camp Rafah, Colonel DH Rochester.

Another feature of the successful evening was the "A" Sgts Mess Band which included Sgt George Shechosky playing his home-made Devils Harp.

Dental Crew Win Surf Event

Rumour has it that Sgts Pete Sprathoff and Paul Dumas may go Navy following their display of seamanship during the beach party held to celebrate Canada's birthday.

The main athletic event of a full program was a surf boat race with four crews competing. With only one paddle per two-man crew, the high surf threatened to throw the boats back on the beach and, to the spectators at least, most of the event took on the appearance of a suicide party. At one moment the boats would appear on top of the high waves and in the next instant be lost to view in the valley of the oncoming rollers.

At the turning point, Pete and Paul executed a clever manoeuvre which led

then to victory and they lay on the beach exhausted for quite some time. However, they later managed to shake hands and smilingly accept the first prize from Colonel Rochester.

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RCDC MILITIA NEWS

Colonel Commandant Takes Salute



(Harvey Studios-Saint John, NB)

More than 600 members from all units of No 6 Militia Group in Saint John, New Brunswick took part in the group's annual church parade recently. Colonel JF Edgecombe, Colonel Commandant of the RCDC is shown taking the salute during the march past which followed the church services. One of the units taking part was the 3rd Field Artillery Regiment, which Colonel Edgecombe joined in 1916 when it was known as the 3rd Canadian Garrison Artillery. The history of this unit dates back to 1793.

Moore Trophy Awarded to Edmonton Unit

Making it two in a row, No 60 Dental Unit of Edmonton, commanded by Lt Col SG Geldart, was considered to have demonstrated the highest general efficiency during the past training year and was awarded the Moore Trophy.

The Trelford Trophy was won by No 57 Dental Unit, Winnipeg, commanded by Lt Col MJ Snidal, for placing second in the competition and No 54 Dental Unit, Ottawa, commanded by Lt Col HJ Chartrand showed the greatest improvement and thus took the Saskatchewan Dental Association Memorial Trophy.

With the Moore Trophy, in this Edmonton Journal photo are shown, left to right - Sgt E McDonald, Lt Col SG Geldart and Capt FG Finnigan.



The
**ROYAL CANADIAN
DENTAL CORPS**
Quarterly



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OCTOBER 1963

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THE RCDC QUARTERLY

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General of Dental Services for the Canadian Forces

Editorial Board: Colonel AC Leman
Lt Col DH Hillier
Lt Col SG Bagnall

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SUBSCRIPTION RATES

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year by writing to:

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for the Canadian Forces,
Army Headquarters,
Ottawa, Ontario.

Cover Photo - Officer Cadets qualifying under the Dental Officer Subsidization
Plan board ship for an inspection tour during their Second Phase
Training at HMCS Stadacona.

SUMMER TRAINING - 1963

Major DH Protheroe, DFC, CD, DDS, MPH

This year marks the fifteenth anniversary of subsidized undergraduate summer training at The RCDC School. The program conducted in 1948, when the first subsidized students attended the School, was considerably different than it is today. Before looking at this year's program, perhaps it would be interesting to see what summer training was like 15 years ago.

At that time subsidization only covered the final year at university and candidates who received training prior to subsidization did so as members of the Canadian Officers Training Corps. Then, as now, the training was conducted in three phases, the first two of which were with the infantry at various locations across Canada and the third phase at The RCDC School located on Sussex Street in Ottawa.

The third or clinical phase in the early years was divided into two parts. A four-week course at The RCDC School, on clinical and other Special-to-Corps subjects, was followed by a type of indentureship, during which the candidate normally returned to his own command for employment in RCDC clinics under experienced RCDC dental officers; a few students remained at The RCDC School for the balance of the summer.

The staff of The RCDC School in 1948 consisted of Lt Col KM Baird, Commandant; Lt Col GB Shillington, Chief Instructor; and Maj TL Marsh, instructor. Only four of the first dental officers to be subsidized are still serving in the RCDC(R) in the persons of Lt Cols LR Pierce, WR Thompson, LA Richardson and GE Windsor. It is interesting to note that three of the four officer instructors now employed at The RCDC School were amongst the first two groups of subsidized dental undergraduates.

FIRST PRACTICAL PHASE

The first practical phase class this year was the largest ever, with a total of 32 candidates: three from Dalhousie; eleven from the University of Toronto; seven from the University of Montreal; four from the University of Manitoba; and seven from the University of Alberta. As in the past several years, the training was conducted at The Royal Canadian School of Infantry, Camp Borden.

The purpose of first phase training is to provide candidates with general military training to the junior officer level. Subjects included are: weapons, fieldcraft, field engineering, first aid, hygiene and sanitation, leadership, man-management, map using, military law, NBCW, physical training, signal communications, staff duties in the field, military writing and tactics.

Much of this training was conducted in the field and at the end of the course, the cadets returned to their Universities physically fit and anxious to continue their studies.

SECOND PRACTICAL PHASE

Second practical phase training is conducted in three stages: Stage 1 with the RCN; Stage 2 with the RCAF; and Stage 3 at The RCDC School. This year was unique, however, in that Stage 2, the RCAF portion, was conducted in Europe with No 1 Air Division. The second phase class was comprised of 18 candidates: six from Dalhousie; three from Montreal; one from McGill; two from Toronto; one from Manitoba; and five from Alberta.

Stage 1 commenced on the 3rd of June at the Leadership School, HMCS Cornwallis where RCN instructors conducted a two-week course in RCN administration, law, customs, history, dress, ships and the role of the RCN. Also included were visits to the dental clinic at HMCS Cornwallis and various social activities, the highlight of which was a lobster and beer party arranged by the staff of the dental clinic.

During the period from the 17th to the 21st of June, the candidates visited HMCS Stadacona to observe naval installations and ships, after which they boarded an RCAF Cosmopolitan aircraft for RCAF Station Downsview and ground transportation to Camp Borden.



A portion of the class is shown aboard ship at HMCS Stadacona

The one-week period at The RCDC School between Stages 1 and 2 was used to prepare for the trip to Europe and to carry out laboratory exercises. By the end of the week every candidate was in possession of his pay, was properly outfitted and anxious to head for Europe. Accompanied by Maj DH Protheroe of The RCDC School, the conducting officer, the class boarded a bus in Camp Borden on the 1st of July to begin Stage 2 of their second practical phase training.

Arrival at 1 Wing Marville, France. Group Captain DP Hall is shown welcoming Maj Protheroe while Lt Col Craigie and candidates look on.



The group arrived at No 1 Fighter Wing, Marville, France after an uneventful ten and one-half hour flight from RCAF Station Trenton aboard an RCAF Yukon aircraft. On hand to meet them were Group Captain DP Hall, Commanding Officer of RCAF Station Marville and Lt Col LG Craigie, Commanding Officer No 35 Field Dental Unit. It was decided that a "stand down" would be the best procedure for the remainder of the day to give the travellers a chance to rest, and visit the PX.

The Stage 2 training in Europe was conducted in two parts; the first was a seven-day tour of Germany and France via civilian tour bus; the second consisted of a four-day tour of RCAF and RCDC facilities in No 1 Air Division. The bus tour began at Marville on the 3rd of July, the destination for the first day being Cologne, Germany. The route taken included Longuyon, Luxembourg, Trier, Wittlich, Daun, Nuerburgring and Adenau. It became evident after the first few stops that if the tour were to remain on schedule, some penalty for tardiness would have to be devised. The candidates felt that the most effective measure would be to fine any offender a round of beer for the whole group and this measure proved to be so effective that only one cadet, JPDC Grise from the University of Montreal, incurred the penalty.

After a night on the town in Cologne and a tour of the city the following morning, the group proceeded along the Rhine valley through Bonn, the beautiful capital city of West Germany; then to Koblenz for lunch and a brief look at the city; on to Rudesheim, famous for its vineyards and wines, for a short shopping stop; and finally to Eltville for the night.

On the third day, enroute to Heilbronn, the group enjoyed a stop in Mainz, lunch in Bensheim and several hours in Heidelberg. The latter was one of the highlights of the entire trip and included a guided tour of the famous University of Heidelberg, including the dental faculty, and Heidelberg castle. One of the most impressive features of this beautiful old city was the abundance of attractive coeds and it was with some difficulty that the conducting officer finally persuaded all the cadets to board the bus and proceed to Heilbronn.

Most of the fourth day of the trip was spent in Stuttgart a large, modern city in southwest Germany. It proved to be an excellent place for shopping and on leaving for Nagold, the destination for the day, the bus was bulging with souvenirs and gifts.

The next day was spent touring the Black Forest, a semi-mountainous area with magnificent scenery in the foothills of the Alps. In the evening the group arrived at Friburg in anticipation of a visit to the local nightclubs.

Another highlight of the tour occurred soon after crossing the border into France, when it was decided to visit a wine cellar. The proprietor's wife had a sister who lives in Montreal and, when she was informed that the group was Canadian,



she was the perfect hostess. Two hours later, with everyone in good spirits, the tour proceeded to Koenigsburg Castle, then to Selestat for an excellent luncheon and arrived in Strasbourg by mid-afternoon.

Left to Right: O/Cdts Foley, Zwicker, Cooper, Nadeau, Berezan and Tukums at Koenigsbourg Castle.

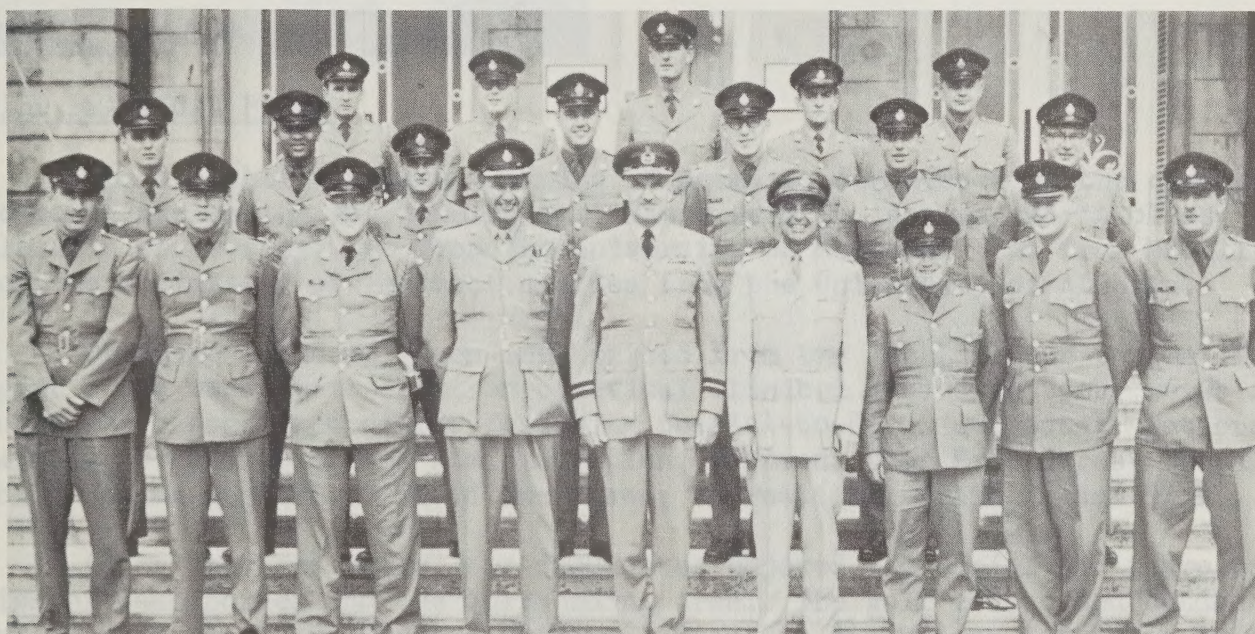
The morning of the final day was spent on a guided tour of Strasbourg and the bus trip ended at No 2 Wing, Grostenguin, France, where Capt JJY Turcotte was on hand to meet the group.

Lt Col Craigie joined the class the following morning for a tour of No 1 Air Division. After a visit to the dental clinic at Grostenguin, the group travelled via RCAF bus to the large US Military Hospital at Landstuhl to see the medical and dental facilities and to have lunch at the Officers' Club.

At the next stop, No 3 Wing at Zweibrucken, Germany, Maj F Charman conducted the group around the base and the cadets were able to experience the thrill of standing by the runway while the new CF 104s were taking off. They also were permitted to look in and around these aircraft on the flight line.

The final destination for the day was No 4 Wing at Baden-Soellingen, Germany, where Maj WH Harrington and Capt HK Miesner had arranged for excellent quarters and a delicious dinner. That evening the main attraction was the Spielbank Casino, a magnificent gambling palace in nearby Baden-Baden.

The next day the group arrived at No 1 Air Division HQ near Metz, France, for lunch and, following an interesting briefing and tour of HQ No 35 Field Dental Unit, the cadets met and were photographed with A/V/M DAR Bradshaw, AOC of the Air Division. A short visit to the PX preceded the trip back to Marville for the last night in Europe.



First Row

L to R: O/Cdt DC Morgan; 2/Lt GR Nye; 2/Lt RF Cooper;
Maj DH Protheroe; A/V/M DAR Bradshaw; Lt-Col LG Craigie;
2/Lt JAA Boucher; 2/Lt SWP Sapkos; 2/Lt JPDS Grise.

Second Row

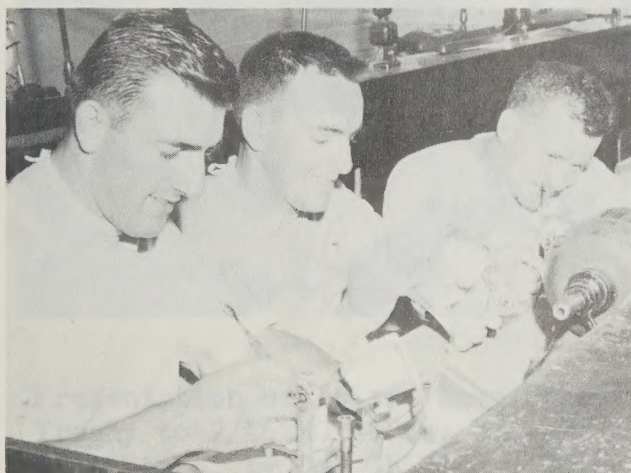
L to R: 2/Lt JD McCallum; 2/Lt AF Brothers; 2/Lt GS Zwicker;
2/Lt Z Tukums; 2/Lt HB Berezan; 2/Lt IC Wambera;
2/Lt EF Foley.

Third Row

L to R: 2/Lt JL MacNeill; 2/Lt DNH Charles; 2/Lt FH Harreman;
2/Lt JHJ Nadeau; 2/Lt EI Gerard.

The final morning was spent on a tour of station facilities at Marville, last minute shopping and the feverish activity of mailing parcels to get within the weight limit. At noon Lt Col Craigie acted as host at a luncheon for the cadets in the Officers Mess, after which they boarded a Yukon aircraft for the return trip to Canada.

Stage 3, the Corps training portion of second practical phase, was carried out at The RCDC School from the 13th of July to the 9th of August. It was conducted as a formal course with emphasis on dental laboratory procedures. Included were the following subjects: Organization and Administration; Documentation Procedures; Nuclear, Biological and Chemical Defence; Equipment Maintenance; Clinical and Laboratory Procedures; Drill; and Recreational Training.



Left to Right: 2/Lts JPDC Grise, JHJC Nadeau, JA Boucher, all of Montreal.

THIRD PRACTICAL PHASE

Third practical phase training is normally considered by the candidates to be the most interesting and beneficial. There were 24 in this year's class: three from Dalhousie University; two from the University of Montreal; two from McGill, seven from the University of Toronto; and ten from the University of Alberta.

Training embraced a ten-week period from the 24th of June to the 30th of August. Six weeks were spent on practical clinical duties and four weeks on a formal course which consisted of the following Special-to-Corps subjects: National Survival Training; Organization and Administration; Documentation Procedures; Dental Stores; Public Health Dentistry; Field Exercises; Recreational Training and Drill.

As in previous years, the candidates enjoyed the social and recreational facilities of Camp Borden and the surrounding area. The golf course and outdoor pool were popular with the Third Phase candidates on sports afternoons and after-duty hours. An RCDC team was entered in the Swimming Meet for the first time, and placed third among all Camp Borden entries. A team was also entered in the Track and Field competition.

The Officers' Mess was the centre of social activity, and several functions were well attended by members of the Third Phase class and their wives or lady friends.

AWARDS

The drill, which is included as part of the training in both the second and third phase, culminated in a ceremonial parade on the 9th of August. Brigadier KM Baird took the salute, inspected the cadets and presented awards to the outstanding candidates, while proud parents, wives and lady friends watched the ceremonies.

The 1963 award winners were as follows:

Third Phase Honour Cadet	- 2/Lt MG McRae, University of Alberta.
Third Phase Runner-Up	- 2/Lt H Griesbach, University of Toronto.
Chief Instructor's Trophy	- 2/Lt JR Robertson, Dalhousie University.
Runner-up Chief Instructor's Trophy	- O/Cdt JA Nattress, University of Toronto.
Second Phase Honour Cadet	- 2/Lt Z Tukums, University of Toronto.
First Phase Honour Cadet	- O/Cdt MC Devine, University of Toronto.



Presentation of Third Phase Honour Trophy to 2/Lt MG McRae, University of Alberta, by Col GR Covey, Comdt, RCDC School.



Presentation of Chief Instructor's Trophy to 2/Lt JR Robertson, Dalhousie University, by Lt Col JW Turner, Chief Instructor, RCDC School.



Presentation of Second Phase Honour Cadet Trophy to 2/Lt Z Tukums, University of Toronto, by Brig KM Baird, Director General of Dental Services.



Presentation of First Phase Honour Cadet Trophy to O/Cdt MC Devine, University of Toronto, by Col GR Covey, Comdt, RCDC School.

THE RISK PATIENT IN ORAL SURGERY

Major PL Falkner, CD, DDS

A risk patient may be defined as one who requires dental treatment which is complicated either by the presence of systemic disease, or through a history of irradiation or an allergy to certain drugs. Because of increased longevity as a result of improved diagnostic methods and more effective therapeutic measures, treatment for this type of patient is on the increase. Such patients present special problems in treatment planning.

Persons who suffer from cardiovascular disease, kidney disease, endocrine disorders, blood dyscrasias, hepatic disease, and malnutrition are not considered to be good surgical risks and their history and prognosis must be evaluated properly before treatment is initiated. Such an evaluation includes a thorough investigation of the physical and mental state of the patient and an estimation of the risks involved in carrying out the proposed treatment. In this regard, it is imperative to obtain a complete history in order to determine any contraindications to the proposed surgery, anesthetic, or drug therapy.¹ This history, together with the information obtained from a complete oral and physical examination, medical consultation, laboratory tests, and roentgenograms, should alert the oral surgeon to any complications that might arise.

In obtaining a history, a definite rapport should be established between dentist and patient. The patient should be made to feel at ease and encouraged to talk freely about his or her symptoms. Technical terms are to be avoided and common, every-day language should be used. A standard sequence of questions will prove most valuable and a complete history may be elicited by dividing the interrogation into seven phases:

- a. patient's chief complaint;
- b. history of present illness;
- c. past medical history;
- d. systemic review;
- e. family history;
- f. social habits; and
- g. summary and tentative diagnosis.

Each of the conditions which give rise to classification as a risk patient will be considered separately, with particular emphasis on the recognition of the signs and symptoms and on the specific care which must be taken in performing oral surgery for such individuals.

CARDIOVASCULAR DISEASE

A person suffering from heart disease will exhibit certain symptoms for which the examiner should be on the alert. Dyspnea, or breathlessness, is one of the most reliable of these and appears early in the course of the disease. Chronic fatigue, headache, vertigo and the inability to sleep unless the head is elevated are also associated with this condition.

Clinical signs include:

- a. cyanosis of the lips, tongue or fingernails;
- b. engorged cervical veins;
- c. oedema of the ankles;
- d. exophthalmos; and
- e. accelerated pulse.

Local anesthetic, containing a minimal amount of vasoconstrictor, is preferable to general anesthesia in cardiac patients.³ If no vasoconstrictor is used, ineffective anesthesia will result, and the patient may produce epinephrine in larger quantities than would be present in the anesthetic.

Injectons must be made slowly with a sharp needle with the patient in an upright position. Preliminary aspiration must be carried out.

The more common types of heart disease are:

- a. angina pectoris;
- b. hypertension;
- c. coronary heart disease;
- d. rheumatic heart disease; and
- e. congenital heart disease.

Angina Pectoris

Angina pectoris is characterized by paroxysms of substernal and/or precordial pain which may last from a few seconds to several minutes. The pain may be initiated by physical exertion or emotional stress.²

Before rendering dental treatment, for patients with any type of heart disease, medical clearance should be obtained from the patient's physician. In order to avoid undue emotional stress, the patient should be given reassurance and adequate premedication and he should also be treated as gently as possible during the operation. Vasodilators such as nitroglycerine tablets 1/100 gr. or amyl nitrate should be available to control any onset of symptoms which may occur. Patients for whom these drugs have already been prescribed should be advised to bring them to the clinic at the time of the operation. If symptoms arise during the operation oxygen should be administered if there is any doubt as to the exact condition or if the medication prescribed for the patient has not been determined.

Hypertension

This condition is characterized by high blood pressure which is usually due to arteriosclerosis or constantly constricted blood vessels. As previously mentioned, responsibility should be shared with the patient's physician particularly since there may be an associated kidney or brain involvement. A minimal amount of vasoconstrictor should be used in the local anesthetic and prolonged operations are to be avoided.

Coronary Heart Disease

Medical opinion and clearance is of particular importance since patients who have suffered a coronary attack are often taking anti-coagulant drugs. The present concept is that such medication can be continued safely during dental operations if the prothrombin time is approximately one and one-half times the control time and if a special regime is followed.³ Premedication and atraumatic surgery are essential.

Rheumatic Heart Disease

Rheumatic heart disease produces a scarring of the valves of the heart and any transient bacteremia may produce subacute bacterial endocarditis. A prophylactic dose of antibiotics must be administered prior to oral surgery.

The American Heart Association recommends the use of penicillin⁴ and suggests the following method of administration:

- a. for two days prior to surgery, 200,000 - 250,000 units
by mouth four times per day;

- b. on day of surgery, 600,000 units of aqueous penicillin with 600,000 units of procaine penicillin intramuscularly shortly before surgery; and
- c. for two days after surgery, continue oral dosage as above; if injection is not feasible, oral penicillin may be started for two days before the operation and continued through until two days after the operation.

Congenital Heart Disease

There are many types of congenital heart defects, some relatively unimportant, and others barely compatible with life. Such hearts are fertile soil for infection⁵ and prophylactic antibiotics and medical consultation are of paramount importance.

KIDNEY DISEASE

Medical clearance should also be obtained prior to any dental operation for patients with severe renal involvements such as nephrosis, nephritis or arteriosclerotic kidney disease.⁵ In kidney dysfunction, any bloodborne infection may have serious consequences and the extraction of a large number of chronically infected teeth may precipitate an acute nephritis. In this disease, local resistance and healing properties of the tissues are reduced and the danger of post-operative infection is always present. Prophylactic administration of antibiotics is required.

ENDOCRINE DISTURBANCES

Diabetes Mellitus

Uncontrolled diabetes is a contraindication to oral surgery because of the predisposition to infection. Before surgery, the blood sugar must be under control and the patient should continue his prescribed diet and insulin therapy. A report from the patient's physician should be secured, and pre-operative antibiotic therapy instituted. Trauma is to be avoided as there is a tendency for diabetics to heal slowly.

Patients on Steroid Therapy

Adrenocorticotropin hormone (ACTH) and Cortisone are used in the treatment of a wide variety of collagen diseases such as rheumatoid arthritis and rheumatic fever. The anti-inflammatory properties of these drugs serve to reduce the inflammatory processes of the body.

Prolonged use of these drugs leads to atrophy of the adrenal glands and when the therapy is discontinued the adrenal cortex cannot produce sufficient adrenalin to cope with the stress. Unless treatment is reinstituted pre-operatively, a patient who has had steroid therapy may go into sudden, irreversible shock as a result of stress developed during the operation. This treatment should be continued post-operatively as long as the patient remains under increased stress.⁴

LIVER DISEASE

Diseases of the liver such as cirrhosis and hepatitis may produce prolonged bleeding due to an impairment in the clotting mechanism of the blood. Medical consultation should be sought, and the patient's clotting, bleeding, and prothrombin times should be ascertained. Liver damage causes impairment of the healing process and antibiotic therapy is indicated. Adequate nutrition is important for these patients.

BLOOD DYSCRASIAS

Excessive bleeding, susceptibility to infection, and poor healing qualities may

result from diseases of the blood and the blood-forming tissues. Adequate means of controlling hemorrhage should be available at the time of operation and the use of antibiotics is imperative. The bleeding, clotting and prothrombin times should be known and for hospitalized patients with significant clotting abnormalities, compatible blood should be available for transfusion.

MALNUTRITION

The effects of poor nutrition are seen mostly in aged persons and alcoholics. Malnutrition is a physical state resulting from the failure to ingest, assimilate, or utilize any or all of the substances essential for the normal body metabolism.⁴ Healing is retarded and the patient is very prone to infection. Antibiotics and supportive vitamin therapy are indicated.

IRRADIATION

"A patient whose jaws are irradiated while teeth are still present is almost certainly doomed to osteoradionecrosis as a result of the entrance of infection through the dental pulp or the periodontium."⁵ Therefore, all teeth in the area of irradiation should be removed and the mucosal wounds healed before radiation therapy is started.

When a patient has undergone radiation therapy in the past, dental operations may be performed provided that surgical trauma is avoided and the possibility of infection is controlled by antibiotics. There must be adequate soft tissue coverage available to ensure prompt healing. The use of local anesthetic is not contraindicated.

DRUG ALLERGY

Drug allergy is a condition of hypersensitivity in which the administration of a medicinal agent in a quantity that is non-toxic to the average patient is followed by an unusual but characteristic action in a patient who is allergic.²

All patients should be questioned concerning previous reactions to drugs and other allergic reactions should be ascertained since such patients are more apt to develop an allergy to drugs. It should also be borne in mind that a family history of allergic manifestations suggests that the allergic tendency may be hereditary.

Allergic reaction to drugs can produce angioneurotic edema, urticaria, bronchospasm, laryngeal and glottic edema, or stomatitis medicamentosa. A state of anaphylactic shock with cardiovascular collapse may ensue from severe reactions.

Treatment consists of artificial respiration or forced oxygen, administration of vasopressors to support blood pressure, bronchodilators to aid respiration, and anti-histamines to help neutralize the reaction.

SUMMARY

The physiological and pathological changes wrought in the human body by systemic disease, drug allergies, and irradiation, produce an environment in which considerable danger exists for the patient who is subjected to unplanned, haphazard oral surgical procedures.

In this environment, patient evaluation becomes of prime importance. The key-stone of patient evaluation is a complete and thorough history, and medical clearance when indicated.

It behooves every dental surgeon to be aware of the dangers involved and the necessary precautions to be taken before surgical procedures are performed.

References

1. Archer, W.H. A manual of oral surgery: a step-by-step atlas of operative techniques. 2nd ed. Philadelphia, Saunders, 1956. 877p. (p.809).
2. Kogan, Stanley. Medical emergencies for dentists. Oral Surg., Oral Med. and Oral Path. 11:246-52, Mar. 1958.
3. Chamberlin. Management of medical-dental problems in cardiovascular disease. Modern Concepts of Cardiovascular Disease 30, Dec. 1961.
4. Kruger, G.O. Textbook of oral surgery. St. Louis, Mosby, 1959. 573p. (p.73,74,115).
5. Clark, H.B., Jr. Practical oral surgery. Philadelphia, Lea and Febiger, 1955. 392p. (p.38,45,234).

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CYSTS OF THE JAWS AND A CASE HISTORY OF A DENTIGEROUS CYST

Major P Fafard, CD, DDS

Cysts of the jaws originate from epithelial tissue within the marrow of the mandible and maxilla and are classified as odontogenic and non-odontogenic cysts.

The odontogenic cyst has its genesis in remnants of the enamel organs of the teeth or the dental lamina. The non-odontogenic cyst develops only in the upper jaw and originates from the remains of the epithelium covering the embryonic processes which give rise to the maxilla. Certain other pathological entities which may be mistaken for cysts are referred to as non-epithelial or pseudo-cysts.

Within these main classifications cysts are divided into the following types:

ODONTOGENIC

- (1) Primordial - originate from the enamel organ or follicle - follicular;
- (2) Dentigerous;
- (3) Multilocular;
- (4) Radicular - epithelial rests of Malassez; and
- (5) Residual.

NON-ODONTOGENIC

- (1) Median palatine - arise in the fusion of facial processes - fissural;
- (2) Median alveolar;
- (3) Globulo maxillary;
- (4) Naso-alveolar; and
- (5) Naso-palatine - from remnants of the naso-palatine duct.

NON-EPITHELIAL CYSTS (pseudo cysts)

- (1) Traumatic
- (2) Aneurysmal bone

ODONTOGENIC CYSTS

Primordial

The primordial cyst arises from part of the tooth germ which degenerates before the tooth is formed and is usually associated with a congenitally missing tooth or the bud of a super-numerary tooth. The cyst is painless but may produce migration of the adjacent teeth which remain vital. Radiographically it is usually well demarcated. These cysts should be excised by curettage.

Dentigerous

Dentigerous cysts arise from the enamel organ which degenerates before the crown is completely formed. Clinically, the jaw may be enlarged while radiographs will show an unerupted tooth, the crown of which is surrounded by a clearly demarcated radiolucent area. The tooth associated with this cyst may be pushed out of place and appear at the border of the mandible or the floor of the nose. Treatment of this cyst is by enucleation and curettage.

Multilocular

Occasionally a tooth follicle may degenerate and give rise to multiple cysts which are connected together and radiographically give the appearance of soap-bubbles. To eradicate these cysts, careful excision and curettage is required to ensure that all the epithelial lining is removed.

Radicular

These cysts are largely asymptomatic and are associated with a non-vital tooth which will usually show a deep carious lesion or restoration. Radiographs will show a more or less clearly demarcated area which connects with the apex of the non-vital tooth. If a tooth with a radicular cyst is extracted the cyst may come out in toto with the tooth. If this does not occur the area should then be curetted. If endodontic treatment is undertaken, then the cystic area should be curetted since it is lined with squamous epithelium and cannot heal on its own.

Residual

A residual cyst results when a radicular cyst exists and only the tooth is extracted. As just explained, the cyst will remain and persist within the jaw if it is not removed.

NON-ODONTOGENIC CYSTS

As was mentioned previously, non-odontogenic cysts arise from epithelium in the fusion of facial processes. All cysts classified under this heading should be removed by enucleation.

Median Palatine and Median Alveolar

Both these types of cysts are situated in the maxillary midline, the former in the vault of the palate while the latter arises just posterior to the incisors. Both these cysts appear as firm swellings in the palate and may become sore during mastication.

Globulo Maxillary

Although similar to the previous types, globulo maxillary cysts appear between the cuspid and lateral incisor at the junction of the globular and maxillary processes.

An enlargement of the bone may be produced as well as spreading of the adjoining teeth. Radiographs show a pear shaped radiolucency with the neck of the pear in between the cuspid and lateral. The teeth remain vital and the condition is asymptomatic.

Naso-alveolar

This type is really a soft tissue cyst but is of fissural origin and occasionally produces resorption of the bone. It is located at the base of the nostrils and produces a swelling which may be seen and felt under the upper lip. If this cyst becomes large enough it may encroach upon the bone and radiographically show radiolucency.

Naso-palatine

Naso-palatine cysts may be divided into two types depending on their location. Incisive canal cysts originate in the canal and cysts of the papilla palatina are located in the incisive papilla only. Radiographically, the incisive canal cyst will show a heart shaped radiolucency whereas there is no evidence of a cyst of the papilla. In both types the teeth remain vital.

NON-EPITHELIAL CYSTS

Traumatic Aneurysmal Bone

These cysts usually appear in patients under 20 years of age and there is usually a history of trauma. The teeth retain their vitality but there may be expansion of the cortex of the bone.

The traumatic cyst is normally hollow and dry but may contain a small amount of a clear, blood-stained liquid, while the aneurysmal cyst is usually filled with reddish-brown tissue which wells up with blood. Both types are treated by curettage.

CASE HISTORY OF A DENTIGEROUS CYST

In March 1962, an air force sergeant presented himself at the dental clinic requesting a dental examination. The examination showed that the plastic fillings in both his maxillary incisors had become discoloured and required replacement. Upon closer examination it was observed that these incisors overlapped slightly at the incisal edges. The roots appeared to be divergent and the tissue covering the apical third was slightly swollen. Crepitus of the bony structure could be felt by slight finger pressure.

It was decided to take a periapical radiograph which, when developed, showed a super-numerary maxillary incisor crown between the apices of the two incisors. A radiolucent area surrounding the super-numerary tooth was also observed and since this area projected right off the film an occlusal film was taken with the cone placed at the bridge of the nose. This radiograph revealed a very large area of radiolucency.

The radiographs and pertinent documents were sent to the Company Commander with a request that the problem be referred to an oral surgeon. The request was granted and on the day of the appointment the patient was accompanied by this writer to the oral surgeon's office.

General anaesthesia was obtained using intravenous pentathal supplemented by nitrous oxide and oxygen, a semi-lunar incision was made from cuspid to cuspid and a flap was retracted. A window was cut into the alveolar bone, exposing the super-numerary tooth and cyst. The tooth was removed and the cyst drained of a large quantity of a creamy, odorless, yellow fluid, some of which was sent to a laboratory for

identification. After evaluation of the fluid, it became readily apparent that the cyst was approximately the size of a hen's egg and that it had completely obliterated the maxillary sinus.

In order to maintain a sinus cavity, the oral surgeon decided not to enucleate the cyst but to perform the Partsch operation which involved opening the window sufficiently to prevent closure. The cyst membrane was then sutured to the oral mucosa with fine absorbable sutures, the flap was closed and a vertical incision was made directly over the opening into the cyst.

The cystic area was lightly packed with a $\frac{1}{4}$ -inch gauze strip and the end was allowed to protrude through the opening in the mucosa for drainage. The patient was resuscitated and taken back to the Station where he was kept overnight in the infirmary and allowed to go home the following day.

Forty-eight hours after the operation the pack was removed and the cystic cavity was flushed with luke warm normal saline solution. An impression was taken of the anterior portion of the maxilla for the fabrication of an acrylic plug. New packing was inserted through the incision and the patient dismissed for 48 hours. This procedure was repeated three times after which the plug was inserted and the patient shown how to irrigate the cavity once a day and then to replace the plug.

Two months later an otolaryngologist removed the acrylic plug and effected an opening from the floor of the nose into the cystic cavity. After freshening the edges of the original incision the opening was closed with sutures. Healing was quickly established and when last seen the patient was suffering no ill effects from this maxillary dentigerous cyst.

This case history has demonstrated:

1. the importance of periapical radiographs;
2. the extent to which a dentigerous cyst can proceed without knowledge by the patient; and
3. the procedure followed to treat the situation.

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THE TECHNICAL DENTAL THERAPIST

WO2 RH Daw, CD

A new program in dentistry was started by the Corps in 1957 through the introduction of the trade known as Dental Technician Clinical. This trade delegates certain procedures that were heretofore the sole responsibility of the dental officer, including prophylaxis, chairside instruction in personal oral care, radiography, and assistance in carrying out dental health programs for service personnel and dependants. These functions are carried out directly under the control and supervision of the dental officer who retains the ultimate responsibility for the treatment provided.

The increasing number of personnel qualified in this trade provides evidence of its' success, and the acceptance of the treatment rendered is further attested to by the substantial increase of interest in oral hygiene by personnel of the Armed Forces. In addition, the employment of these tradesmen allows dental officers to concentrate on the more complicated aspects of the profession. However, the backlog of work has continued to climb, largely because of the shortage of dental officers.

In considering additional measures to increase the treatment provided, it was felt that certain operative procedures of a purely mechanical nature might be delegated to selected Dental Technicians Clinical after further training. To this end,

a controlled pilot study was carried out to assess the potential of such a technician in the fields of operative, prosthetic and post-operative dentistry. It was decided that certain techniques could be mastered in a relatively short time because of the background training received as Dental Technicians Clinical. Conversely, intensive training would be required in those techniques with which the candidates had no previous experience. Accordingly, a fourteen week course of instruction and practical application was developed. The days were filled with lectures and clinical exercises under constant supervision by the RCDC School staff, while the evenings were spent poring over textbooks. On graduation, the candidates were called Technical Dental Therapists and were deemed to be proficient in placing and finishing amalgam restorations, taking preliminary impressions, simple post-surgical care and certain other procedures. After this course, the writer was sent to Calgary on a most interesting and rewarding three-month pilot study. The staff at No. 4 Clinic, Calgary, had been well briefed concerning the new trade, and the few problems encountered were quickly resolved.

A team composed of a Dental Officer, Chairsides Assistant, Roving Assistant and the Technical Dental Therapist was formed. Three dental chairs were utilized, two by the Dental Officer and the third by the technical Dental Therapist. It was found to be more convenient if the patient was moved to the third chair when the Dental Officer had completed his phase of the operation, for, although all units, chairs and instruments in RCDC clinics are basically the same, a person becomes familiar with his own instruments and surroundings; his efficiency is increased if he is not required to move from cubicle to cubicle.

Initially, the first appointment, both in the morning and after lunch, was used by the Technical Dental Therapist for prophylaxis or the taking of X-Rays. However, as the study progressed, it became necessary to use these periods to reduce a backlog of unpolished restorations.

During the study, patient acceptance of this new trade was, in most cases, excellent. In the few instances where complaints were made, these had nothing to do with the trade as such, but concerned the length of the appointments. When it was explained that more work was being accomplished during each appointment, and that fewer sessions would be required to complete the work, these patients were most cooperative and pleased.

The effective employment of a Technical Dental Therapist requires that the Dental Officer's schedule be planned ahead and that most of the day's work be devoted to patients requiring restorations. Although the three-week Pilot Study at Calgary indicated that most of the Technical Dental Therapist's time was spent in operative procedures, it should be kept in mind that the majority of the personnel treated were young soldiers. In other locations, where older patients prevail, more time would likely be spent in the prosthetic aspects of his trade.

At the end of the study period, everyone involved was pleased with what had been accomplished and at no time was there evidence of fatigue, stress or mental strain. In fact, the daily routine was carried out smoothly and, by the end of the study, each member of the team performed his duties without hesitation.

The following suggestions are offered to future Technical Dental Therapists:

- a. arrange instruments in the kit so that they may be located quickly;
- b. keep all carving instruments sharp;
- c. check the operating cabinet frequently to ensure that adequate supplies are on hand;
- d. whenever possible, use the operating stool provided; it may seem awkward at first but it is certainly a backsaver;

- e. record all work and sign the form immediately after each appointment; return the forms to the Dental Officer promptly;
- f. learn to make maximum use of your Dental Assistant if you wish to be one hundred per cent efficient; and
- g. always wear protective glasses.

This article is a brief resume of the writer's limited experience as a Technical Dental Therapist and it is hoped that it may be of assistance to future candidates.

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ANNUAL RCDC GOLF TOURNAMENT

Major A Lewis Kelland, DDS, BA, B Ed

At 9 a.m. Saturday 21 Sep 63 at the Camp Borden Golf Club the stage was set for the first Annual RCDC Golf Tournament. The main prize was the new "RCDC(R) Officers' Golf Trophy", conceived by Brigadier KM Baird, OBE, CD, Director General of Dental Services and donated by all RCDC Regular Officers. Competition for the trophy was open to teams of all ranks of the RCDC Regular, Militia and retired personnel. Representative teams came from the Directorate of Dental Services, 13 Dental Coy, 15 Dental Coy, Dental Equipment Depot, and the Royal Canadian Dental Corps School. A total of 47 people took part and those not on the teams were eligible for the individual prizes.

The clear sky gave promise of a real golfer's day and the greens were still damp, as Brigadier Baird drove off to start the tournament. During the morning the weather was most favourable, but around noon the sky became overcast and a chilly wind blew in from the North. However, within an hour the sun came out again, the wind died down and it became quite warm.

At 1:30 p.m. the first threesome (Brig Baird, Lt Col Thompson and Lt Col Windsor), handed in their scores and retired to the canteen for lunch. As each group completed the 18 holes they gathered at the clubhouse to watch the score-board. On completion of the tournament, everyone went to his quarters to prepare for the banquet which was held in the CFMSTC Sgts' Mess.

After the enjoyable dinner, the Commandant of The RCDC School, Col Covey, welcomed all contestants to Camp Borden and thanked those responsible for making the tournament a success. Brig Baird presented the trophy to Col Roger, Commanding Officer of 13 Dental Coy and his winning team, Lt Col Windsor, Capt Gazo and Sgt Hill. The individual prizes were distributed by Col Covey and Capt Casterton to the following:

Low Gross	- Capt Gazo, 13 Dental Coy RCDC	-	82
2nd Low Gross	- Capt Casterton, RCDC School	-	83
3rd Low Gross	- Sgt Hill, 13 Dental Coy RCDC	-	83
4th Low Gross	- WO2 Batten, RCDC School	-	86
Low Net	- Capt Hall, 55 Dental Unit RCDC(M)	-	61
2nd Low Net	- Maj Sills, RCDC School	-	66
3rd Low Net	- Cpl Walker, RCDC School	-	68
4th Low Net	- Capt Cartwright, RCDC School	-	69
Honest Golfers-	WO2 Hall, RCDC School	-	144
	Maj Kettys, DGDS	-	?

Low Gross (Front Nine) - Maj Wright, 13 Dental Coy RCDC - 44
 Low Gross (Back Nine) - Lt Col Windsor, 13 Dental Coy RCDC - 43

Other prize winners were: Col Harris, Retired; Maj Kelland, RCDC School; Capt Harrison, 15 Dental Coy RCDC; Capt Froese, 13 Dental Coy RCDC; WO2 Jackson, RCDC School; WO2 Morse, RCDC School; Sgt Innis, 15 Dental Coy RCDC; Sgt Jerome, 13 Dental Coy RCDC.



Col AT Roger, Commanding Officer No 13 Dental Coy, is shown holding the RCDC (R) Officers' Golf Trophy, which was won for his unit by: (left to right) Sgt W Hill, Lt Col GE Windsor, Capt E Gazo.



Representatives of the teams which competed for the RCDC(R) Officers' Golf Trophy are shown: (left to right) Col HL Harris, Sgt RD Innis, Lt Col WR Thompson, Brig KM Baird, Lt Col GE Windsor, Maj JW Fletcher.

A sincere vote of thanks is extended to Captain Charlie Casterton for his superb effort in organizing the tournament, the dinner, and accommodation for the visiting personnel. His success in all these arrangements is attested to in part by the plans already being made for a 36-hole competition next year. It is hoped even more units will enter a team and in this regard, every assistance will be given by the staff of the School to all contestants able to make the trip.

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SECOND ANNUAL RCDC BONSPIEL

All units of the RCDC Regular and Militia are invited to compete for the Wansbrough Trophy during the Second Annual RCDC Bonspiel, to be held at the Camp Borden Curling Club on Saturday, the 22nd of February, 1964.

Won last year by No 1 Dental Equipment Depot, Camp Petawawa, this fine trophy was donated by the former Director General of Dental Services, Brigadier EM Wansbrough, and is presented to the unit represented by the winning rink.

Teams may be formed from all ranks, and retired members of the Corps who wish to participate are urged to contact their nearest unit headquarters.

The committee is most anxious to make this event as representative of the entire Corps as possible and suggests that you plan now to attend. Details and entry forms will be distributed to all units later in the season.

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WELCOME TO THE CORPS

A cordial welcome is extended to the following personnel who have recently joined the Corps:

Capt	L	Dombowsky	-	No 12 Dent Coy, Halifax
Pte	JAL	Boulianne	-	HMCS Cornwallis, NS
Pte	CSB	Heather	-	HMC Dockyard, Halifax, NS
LAW	BDM	Lavigne	-	RCAF Stn Camp Borden, Ont
LAW	ME	Mahlitz	-	RCAF Stn Portage la Prairie, Man
Miss	S	Carey	-	CFH Kingston, Ont
Miss	CD	Spurgeon	-	Oakville, Ont
Mrs	MH	Despres	-	Trenton, Ont
Mrs	E	Gow	-	Griesbach Bks, Edmonton, Alta
Miss	SE	Morken	-	Fort Osborne Bks, Winnipeg, Man
Miss	F	Parent	-	Valcartier, Que
Miss	J	Savard	-	RCAF Stn Uplands, Ont

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PROMOTIONS

The following Corps personnel are congratulated on their promotions:

WO1	VO	Bergland	-	to Lieutenant
WO2	MB	Fisk	-	to WO1
Ssgt	GEC	Bradley	-	to WO2
Ssgt	MM	Fediuk	-	to WO2
Ssgt	JCA	Therrien	-	to WO2
Ssgt	LA	Lawson	-	to WO2
Sgt	KPH	Buchholz	-	to 2 Lt
Sgt	VH	Shaw	-	to Ssgt
Cpl	AH	Green	-	to L/Sgt
Cpl	RW	McDonald	-	to L/Sgt
Pte	HL	Boring	-	to Cpl
Pte	N	Cable	-	to Cpl
Pte	DJ	Davies	-	to Cpl
Pte	A	Girouard	-	to Cpl
Pte	JF	Giroux	-	to Cpl
Pte	BF	Hannah	-	to Cpl
Pte	B	Hannay	-	to Cpl
Pte	DH	Hardy	-	to Cpl
Pte	DC	Hughes	-	to Cpl
Pte	TJ	Herrett	-	to Cpl
Pte	HC	King	-	to Cpl
Pte	C	Lachance	-	to Cpl
Pte	RS	Lindsay	-	to Cpl
Pte	DH	McKay	-	to Cpl
Pte	DF	Middleton	-	to Cpl
Pte	JR	O'Mara	-	to Cpl
Pte	LH	Pion	-	to Cpl
Pte	RE	Thompson	-	to Cpl
Pte	JH	Thorburn	-	to Cpl

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RETIREMENTS

The following personnel have recently retired from the Corps and return to civilian life with the best wishes of us all:

Colonel	CE	Purdy	-	RCDC School
Major	AR	Smith	-	Ceased call-out at Summerside, PEI
Capt	WJ	Bignell	-	Pers RCDC, Ottawa
Ssgt	SM	Toole	-	HMCS Naden, Victoria, BC

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RELEASES

Good wishes for the future are also extended to the following personnel who have recently taken their release from the Corps:

Capt	JG	Boucher	-	35 Fd Dent Unit
Capt	JR	Boulay	-	RCAF Stn Winnipeg
Capt	SM	Claman	-	LWOP at University of Oklahoma
Capt	PJJ	Coulombe	-	RCAF Stn Clinton
Capt	JMM	Houde	-	15 Dent Coy
Capt	CD	Mollins	-	RCAF Stn Summerside
Capt	AG	Mackenzie	-	HMCS Stadacona Halifax
Capt	JT	Marshall	-	RCAF Stn Greenwood
Capt	WE	Shaw	-	4 Fd Dent Coy
Capt	AJJC	Vachon	-	HQ Camp Petawawa
Sgt	DD	Casson	-	Griesbach Bks Edmonton
Cpl	HW	Blundell	-	RCAF Stn Clinton
Cpl	JAY	Ferland	-	3 Det RCAMC Que
Cpl	JARG	Rochon	-	1 Dent Eqpt Dep, Petawawa, Ont
Pte	G	Drapeau	-	3 Det RCAMC Que
Pte	GED	Hayes	-	RCAF Stn Uplands
Pte	JE	Siverson	-	HL RCDC School

LAW	HL	Brooker	-	RCAF Stn Greenwood
LAW	E	Byrne	-	RCAF Stn Parent
LAW	FM	Lamont	-	RCAF Stn Cold Lake
LAW	AC	Perrier	-	RCAF Stn Comox
LAW	LS	Reed	-	RCAF Stn Downsview
LAW	SM	Thiele	-	RCAF Stn St Hubert
AWL	RD	Lewis	-	RCAF Stn Portage
AWL	EM	Romanick	-	RCAF Stn Camp Borden

Mrs	M	Berridge	-	3 Det RCAMC Que
Mrs	D	Hynes	-	Camp Shilo Man
Mrs	MJ	Riley	-	Camp Shilo Man

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POSTINGS

The following posting have taken place in the past few months:

Major	PL	Falkner	- to HMCS Stadacona from RCAF Stn Downsview
Major	DJ	MacPhee	- to HQ 4 CIBG Fort Henry from 2 RHC Fort St Louis
Major	JJ	Walker	- to Currie Barracks from RCAF Stn Cold Lake
Capt	FC	Arpin	- to 4 Fd Dent Coy from Longue Pointe, Que
Capt	DS	Campbell	- to RCAF Stn Summerside from CFH Halifax
Capt	L	Dombowsky	- to No 12 Dent Coy from No 10 Pers Depot
Capt	AG	Garden	- to RCAF Stn Penhold from Calgary Grsn
Capt	IM	Hamilton	- to HMCS Bonaventure from HMCS Shearwater, NS
Capt	VD	Kvedaras	- to RCAF Stn North Bay from RCAF Stn Clinton
Capt	JFA	Marcil	- to CMR St Jean from RCAF Stn St Jean
Capt	JJ	Mitchinson	- to RCAF Stn Downsview from RCAF Stn North Bay
Capt	RF	Mori	- to RCAF Stn Winnipeg from RCAF Stn Trenton
Capt	AB	Perkin	- to RMC Kingston from CFH Kingston
WO1	MB	Fisk	- to 1 Dent Eqpt Dep Petawawa from DGDS
WO2	AJ	Greco	- to Griesbach Bks, Edmonton from Calgary Grn
Ssgt	AD	Brown	- to HMCS Bonaventure from HMCS Stadacona
Sgt	M	Beauvais	- to RCAF Stn Camp Borden from RCDC School
Sgt	DR	D'Eon	- to HMC Dockyard, Halifax from 4 Fd Dent Coy
Sgt	GR	McKay	- to HMCS Naden, Victoria from HQ NWHS Whitehorse
Sgt	RF	Matheson	- to HMC Dockyard, Halifax from Camp Gagetown
Sgt	NC	Petersen	- to Griesbach Bks from HMCS Naden
Sgt	EV	Tanner	- to 4 Fd Dent Coy from HMC Dockyard, Halifax
L/Sgt	PAP	Hughes	- to HMCS Bonaventure from HMC Dockyard, Halifax
Cpl	JC	Bleakney	- to HMCS Stadacona from HMCS Bonaventure
Cpl	DJ	Davies	- to RCAF Stn Greenwood from HMCS Shearwater
Cpl	MJ	Hall	- to No 1 Dent Eqpt Dep Petawawa from 11 Dent Coy
Cpl	DC	Hughes	- to HMCS Naden, Esquimalt from RCSME Vedder Crossing
Cpl	HJ	McKinnon	- to No 1 Dent Eqpt Dep Petawawa from 3 Fd Amb Edmonton
Cpl	GM	Wadden	- to HMCS Stadacona from Camp Gagetown
A/Cpl	TR	O'Mara	- to RCAF Stn Downsview from RCAF Stn Trenton
Pte	DF	Ife	- to RMC Kingston from CFH Kingston
Pte	LI	MacLean	- to HQ, NWHS Whitehorse from HMCS Naden, Esquimalt
Pte	H	McRae	- to Fort Churchill from Calgary Grn
Sgt	MP	Foley	- to RCAF Stn St Hubert from RCAF Stn Camp Borden
Cpl	GAMC	Ridley	- to RCAF Stn Downsview from AFHQ Clinic, Ottawa
LAW	JA	Keryluk	- to RCAF Stn St Hubert from 35 Fd Dent Unit
AWL	SJD	Clutterbuck	- to RCAF Stn Cold Lake from RCAF Stn Goose Bay
AWL	MD	Scarborough	- to RCAF Stn Parent from RCAF Stn Bagotville

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TRAINING

With the start of a new training year Corps personnel have undertaken the following courses:

University of Toronto - Toronto, Ontario

Dental Public Health - 36 weeks commencing 6 Sep 63

Major WH Harrington

TRAINING (cont'd)Royal College of Surgeons - London, England

Oral Surgery - 21 Oct - 13 Dec 63 - Major DJ MacPhee
Major JJN Wright

University of Michigan - Ann Arbor, Michigan

Periodontics - 4 Nov - 15 Nov 63 - Major AL Kelland

Ent Air Force Base - Colorado Springs, Colorado

Oral Surgery - 12 Nov - 22 Nov 63 - Lt Col LR Pierce

US Naval Dental School - Bethesda, Maryland

Crown and Bridge - 14 Oct - 29 Nov 63 - Major JW Jolly
Periodontia - 29 Oct - 13 Dec 63 - Major JM Smith

RCDC School

Officers Casualty Care Course and Capt to Major
Qualifying Course - 16 Sep - 25 Oct 63

Capt	JF	Begin
Capt	EDH	Bunt
Capt	WR	Collier
Capt	RJ	Gillis
Capt	R	Lanthier
Capt	RJ	Lewis
Capt	JLM	Masse
Capt	GR	Myles
Capt	JCRR	Roy
Capt	JR	Senechal
Capt	CG	Travis
Capt	JJY	Turcotte
Capt	JB	Wilcock

Field Officers (Dental Officers-Militia) Course Part II
National Survival Operations - 16 - 20 Sep 63

Capt	WJA	Barron - 60 Dent Unit (M)
Capt	JF	Condon - 50 Dent Unit (M)
Capt	FJ	McCurry- 56 Dent Unit (M)
Capt	RC	Sills - 60 Dent Unit (M)

Senior Dental Assistant Course - 16 Sep - 4 Oct 63

Sgt	WR	Dowell
Sgt	JH	Kay
Sgt	RB	Innis
Sgt	DR	Piche
Sgt	WD	MacDougall
Sgt	GH	Taylor

Sgt Dowell was required to leave the course on the 20th of September because of the serious illness of his daughter.

TRAINING (cont'd)1 Dent Eqpt Dep, Camp PetawawaDental Equipment Repairer Gp 1 Course - 9 Sep - 29 Nov 63

Cpl	BA	Green
Pte	JA	Strasdin

Dental Equipment Repairer Gp 3 Course - 9 Sep - 20 Dec 63

Sgt	RH	Hopkins
Sgt	AJ	Tait

Summer Training

WO2	WK	MacCrow - 55 Dent Unit (M)
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14 Dent Coy, WinnipegSummer Training

Sgt	VL	Hera	- 57 Dent Unit (M)
Pte	H	Yesis	- 57 Dent Unit (M)

RCASC School Camp BordenSenior NCO - 16 Sep - 1 Nov 63

A/Sgt	LR	Barrett
Cpl	JC	Bleakney
A/Sgt	JLJ	Boulanger
A/Sgt	JRM	Chayer
Cpl	G	Dancer
A/Sgt	DL	Fenton
Cpl	JAJ	Fret
Cpl	AW	Hussey
Cpl	JF	Kennedy
Cpl	JG	MacDonald
Cpl	DI	McRoberts
A/Sgt	CC	Millard
L/Sgt	CE	Schmelzle
Cpl	GD	Schwarze
Cpl	WL	Wylie

Command Jr NCO Courses

A/Cpl	BF	Hannah at Camp Wainwright - 7 Oct - 15 Nov 63
Cpl	JF	Giroux at R22eR Depot

HQ Quebec Command, MontrealProjectionist Course

WO2	HJ	Stokes
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VITAL STATISTICSRCDC SCHOOLBirths

To Sgt and Mrs M Beauvais, a son, Bernard Marcel Joseph, on 17 Aug 63.

To Pte and Mrs JA Strasdin, a daughter, Heidi Romona, on 29 Sep 63.

Hospital

WO2 EC Carpenter - 3 - 10 Sep 63

WO2 AG Ponton - 22 Sep 63 -

12 DENT COYBirths

To Ssgt and Mrs EMB Everett, a daughter, on 19 Aug 63.

13 DENT COYBirths

To Capt and Mrs JJ Mitchinson, a son, John David, on 1 Jul 63.

To Cpl and Mrs CVS Forsythe, a son, Stephen Cameron, on 11 Sep 63.

To Pte and Mrs RA Garnhum, a daughter, Bernadine Lynn, on 31 Aug 63.

Hospital

Capt EW Gazo - 26 Aug - 3 Sep 63

Capt R Lanthier - 12 Aug - 26 Aug 63

Cpl JEN Boucher - discharged from Ottawa Sanitorium 4 Jul 63

14 DENT COYBirths

To Capt and Mrs JJB Houde, a daughter, Marie Jeannette Sylvie, on 30 Jul 63.

Hospital

Sgt N Demedash - 26 Sep - 30 Sep 63

15 DENT COYBirths

To Major and Mrs WA Sugars, a daughter, Cynthia, on 17 Aug 63.

To Sgt and Mrs AE Werkmann, a daughter, Suzanne Anita, on 9 Sep 63

Hospital

Capt PH McQueen - 16 Aug - 4 Sep 63

Sgt MD Crockett - 17 - 23 Sep 63

Cpl C Lachance - 3 - 5 Sep 63

VITAL STATISTICS (cont'd)4 FD DENT COYBirths

To Major and Mrs DJ MacPhee, a daughter, on 17 Jul 63.

Hospital

Sgt EJ Lansey - 30 Aug - 16 Sep 63

DIRECTORATE NEWSDirector General Visits Camp Borden

Brigadier KM Baird, accompanied by Colonel IAL Millar, visited Camp Borden, 8 - 9 Aug 63, for the purpose of interviewing the cadets undergoing training and to inspect the cadets on the occasion of their marching-out parade.

These Directorate officers were present at a Mess Dinner which was held at The CFSMTC Officers Mess on the 8th of August. Attending were medical and dental officers, guests from other Corps Schools, and the officer cadets on 2nd and 3rd phase training at The RCDC School. After the dinner, Brig Baird made a presentation to Col CE Purdy on behalf of the staff of the School and other Corps personnel. Impromptu entertainment, provided by 2/Lts Walls and McRae and O/Cdt Chernesky, contributed to the success of the evening.

The following morning, Brig Baird took the salute at the marching-out parade and that evening he and Col Millar attended a farewell party for Col Purdy, which was held at the Officers' Mess.

Annual Unit Inspections

Brig KM Baird toured a portion of 13 Dent Coy area for the purpose of inspecting clinic facilities and interviewing personnel. The locations visited, during the latter part of October, were Trenton, Kingston, Downsview, Oakville and London.

Lt Col Hillier Speaks to Dental Nurses

Lt Col DH Hillier attended the Graduation Dinner of the Ottawa Dental Nurses and Assistants Association. Following dinner, he spoke to the members of the association and their guests concerning the expanding role of auxiliaries in the RCDC.

Captain Bignell Retires

Officers in the Ottawa area met at the Army Headquarters Mess on Thursday, the 5th of September, to bid farewell to Capt WJ Bignell who retired from the Corps after 24 years service.

EODA Convention

Brig KM Baird and Lt Col SG Bagnall attended the EODA Convention which was held at the Seigniory Club, Montebello, Quebec, 16 - 18 Sep 63.

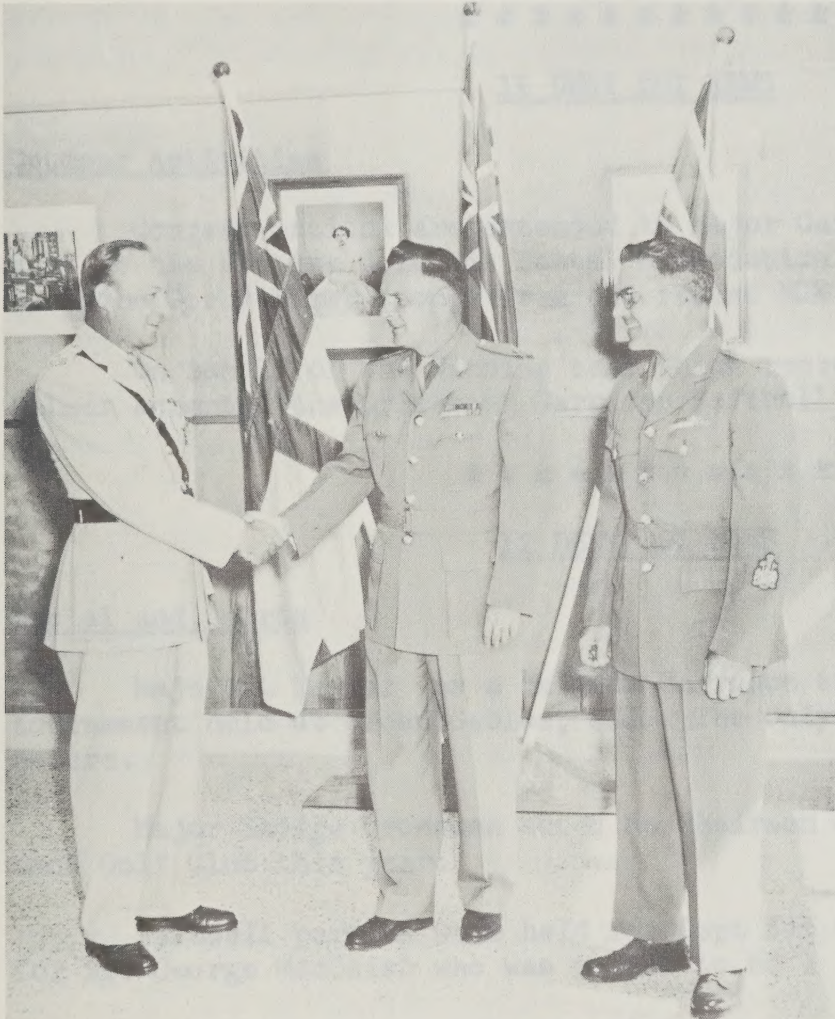
NO 1 DENTAL EQUIPMENT DEPOT NEWS

Special Events

WO1 WD Morris was chairman of a very successful Camp Petawawa Fall Fair held 6 - 7 Sep 63.

Major JW Fletcher, Lt VO Bergland and Ssgt AF Davison attended the first annual RCDC Golf Tournament at Camp Borden, 21 Sep 63.

Depot Personnel Promoted



Major JW Fletcher is shown congratulating Lt VO Bergland and WO1 MB Fisk on the occasion of their recent promotions.

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THE RCDC SCHOOL NEWS

Officers Receive Appointments

Colonel GR Covey was recently appointed by the Camp Commander as Chairman of the Fire Prevention Committee.

This secondary duty has entailed many hours of work in arranging meetings to appoint various committees in connection with National Fire Prevention Week, which was held from the sixth to the twelfth of October.

Lt Col WR Thompson has been appointed Chairman of the Camp Borden Public School Board.

School Team Wins Golf Tournament

The RCDC School was well represented in the Tuffy Tieman Trophy Competition on 4 Oct 63. This golf tournament is open to all RCAMC and RCDC Units in Ontario.

Nine medical units and The RCDC School were represented by the 88 golfers who participated in the competition.

The four low gross scores from each team were counted as the aggregate score for that team. The RCDC School won the trophy for the first time. The team included Capt Casterton, who also won low gross, Major Sills and WO2 Batten.

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11 DENT COY NEWS

Outdoor Activities

Congratulations are extended to Major Carmichael on winning the golf tournament at the British Columbia Dental Association Convention and to WO2 Powers who took home the Corby-Wiser trophy from the recent RCN tournament in Esquimalt.

On behalf of the winning team which represented HQ Western Command, Sgt RH Palmer accepted the Griesbach Garrison Softball Trophy.

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12 DENT COY NEWS

Social and Sports

Major AL Taylor was a Halifax Garrison team member in the tri-service golf tournament held at Green Gables, PEI. The only success reported was of a social nature.

Major George Crossman acted as Chairman of the tournament committee at Greenwood Golf Club this year.

Farewell parties were held for Capt Sid Campbell who is now in Summerside and for Sgt George MacCuish who was posted to No 1 Dent Eqpt Dep.

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13 DENT COY NEWS

Dental Conferences Held

All dental officers of the Kingston and Trenton areas attended two clinical sessions which were held at CFH Kingston on the 11th of September and the 9th of October. The guest speaker in September was Dr Albert Antoni, who demonstrated techniques for impactions and frenectomy, and lectured on emergency measures for maxillo-facial casualties. During the early part of the October meeting, a talk on "Fungus Infections" was presented by Dr Hinton of Queen's University. This speech was followed by a symposium which dealt with "Apnea as a Hazard During General Anaesthesia". The main speaker of the day was professor RA Gordon of the University of Toronto who discussed the subject of "Pain".

The Bay of Quinte Dental Society held their annual cruise and dinner on the 14th of September. A pleasant outing with a most congenial group was enjoyed by several 13 Coy members.

Duty Trips

The CDO has now visited all the full-time clinics to become acquainted with personnel and to investigate problems related to accommodation.

Dental Sections have been employed in part-time clinics at the following locations during the past three months: Ipperwash; Lanther; Moosonee; Ramore and Pagwa. The QM and DER have also visited most of these sites to check equipment.

Sports

Fifteen members of 13 Coy participated in the RCDC Golf Tournament and we congratulate the team, comprised of Lt Col Windsor, Capt Gazo and Sgt Hill, who were successful in winning the inter-unit trophy.

Personnel

Dr WO Gardner has retired from his Part V position and is now employed on a per diem basis at RCAF Stn Uplands.

Retired Sgt A Pasquini died on the 6th of August at Kingston, Ont. The funeral was attended by WO2 Sherry and Sgt Holtham.

Our sympathies are extended to Sgt Craig whose son-in-law was the victim of a drowning accident in the Clinton area in August.

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14 DENT COY NEWS

Duty Trips and Visits

Lt Col RB Jackson, Capt GJ Moore and Lt HF Doyle have spent a busy summer visiting various locations within 14 Coy.

Ssgt AH Nixon visited Fort Churchill and RCAF Stns Armstrong and Sioux Lookout to repair and check dental equipment.

Dental Officer on Staff at University of Manitoba

Lt Col LA Richardson has resumed his part-time duties as instructional assistant in the Department of Prosthodontology, Faculty of Dentistry, University of Manitoba.

Community Chest Campaign

Lt Col RB Jackson was appointed Chairman of the Winnipeg Garrison Community Chest Campaign for 1963.

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15 DENT COY NEWS

Personnel in the News

Lt Col WW Anglin and Ssgt JM Tapp attended a Mess Dinner at No 2 Manning Depot at which Lt Col Anglin was the guest speaker.

Ssgt and Mrs Tapp are spending their holidays in Ireland visiting with Mrs Tapp's relatives.

Sports

No 9 Clinic and QM Stores have entered a combined team in the RCAF St Jean Bowling League for this season. Members of the team are: Capt Jacob, WO2 Lawson, Ssgt Tapp, Ssgt Couture, Sgt Jermain, Sgt Chayer and Cpl Thompson.

Lt Col Butler and Capt Harrison were members of the golf teams which captured both the Quebec Command Trophy and the Inter-Service Officers Trophy for 1963.

Capt and Mrs Harrison attended the Corps Golf Tournament held at Camp Borden, the Captain to participate and Mrs Harrison to visit with old friends.

Ssgt Franzgrote Receives Certificate



Ssgt H Franzgrote, who completed a correspondence course in Management Training conducted by Air Defence Command as reported in the July issue of the Quarterly, is shown receiving his certificate from GC WB Hodgson, Commanding Officer, RCAF Station St Hubert.

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4 FD DENT COY NEWS

Unit on Exercises

4 Fd Dent Coy, with the exception of two sub-sections, concentrated in the Soltau area for the period 31 Aug - 20 Sep.

Two sub-sections participated in the NATO exercise KEEN-BLADE for the period 4 - 11 October. One sub-section was located in the forward area and one in the Bde Adm Area.

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35 FD DENT UNIT NEWS

FS Torrens Double Tournament Winner

Our heartiest congratulations are extended to FS CMB Torrens who competed so successfully in the Annual ADHQ Golf Tournament which was held in Luxembourg late in September. Not only is she the first female ever to participate in this tournament but she also won both the low gross in the main event and the low net in the two-ball foursome. As an afterthought, we also announce that Lt Col Craigie won a minor prize for being closest to the pin on one of the shorter holes.

FS Torrens further demonstrated her talents for athletics by winning both the women's singles and doubles championships in the ADHQ Tennis Tournament.

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CBUME NEWS

Leave and Tours

Capt Paturel, Sgt Murley, Sgt Shechosky, Sgt Sprathoff, Cpl Johnson and Cpl Vandervaat recently spent a very enjoyable week in Beirut, Lebanon. The three hotels at this leave centre are situated in the Broumana Hills, about three quarters of an hour from the centre of Beirut up a winding mountain road which is guaranteed to produce several new white hairs. Transportation is obtained either by buses which are provided free by the UNEF, by the local bus service or by taxi.

From this central location, tours are arranged to various interesting places. You might travel to Byblos which is said to be the most ancient continuously lived in city of the world. The points of interest here are the Citadel, the Roman Theatre and the Crusader's Castle. Another interesting trip is to the Cedars, where you can see the "Cedars of the Lord", which once covered the whole Lebanese country side. Baalbeck has some very interesting Roman ruins and the cities of Damascus and Tripoli are always popular. For those who are interested in night life, there are tours of the Beirut night clubs and the Casino Du Liban, which produces the best floor show in the Middle East.

On the 17th of September, Major Pyne met his wife in Beirut and spent nine days touring the area. They then flew to Cairo and visited Memphis, the pyramids, citadel, museum and many other places of interest. Following this, the entire Gaza Strip was visited before Mrs Pyne returned home. Mrs Pyne commented that of all the countries she has visited, the Middle East had proved to be the most fascinating.

Special Visitors

On the 15th of July, the UNEF Chief of Staff, accompanied by other senior officers, inspected the dental facilities. A month later, Mr Terrence Robertson, a journalist from Ottawa, paid a visit to the area. During their trip in September, the Right Honourable John Diefenbaker and Mrs Diefenbaker appeared to be very impressed with the work that the Canadians are doing in supporting the UNEF forces.

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RCDC MILITIA NEWS

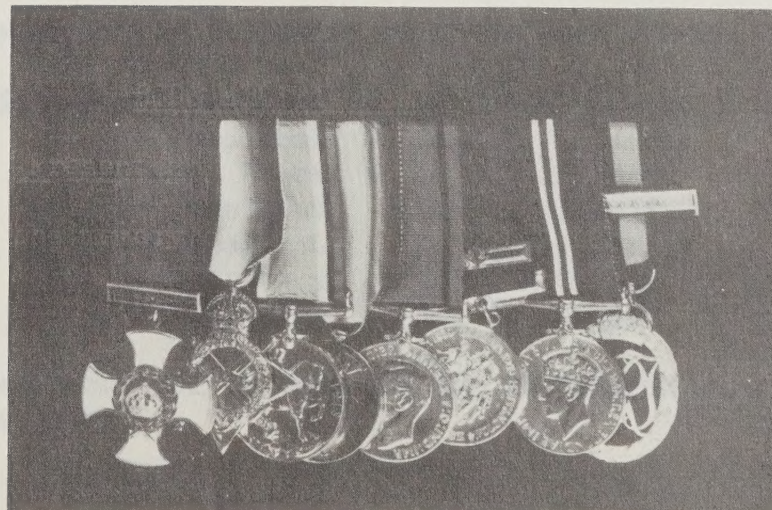
Lt Col Blair Memorial Presented

A memorial to the memory of the late Lt Col JF Blair, DSO, ED, composed of his medals and portrait, is soon to be displayed at The RCDC School. The presentation to the Corps was made, during the recent Annual Dinner of the RCDC Association, by Lt Col AJ Harris, Commanding Officer, No 55 Dental Unit RCDC(M), which unit Lt Col Blair actively supported prior to his death in January of this year.

Brigadier KM Baird, in accepting this memorial, paid tribute to the many years of devoted service which Lt Col Blair gave the Corps and he expressed his appreciation to both the family of Lt Col Blair and to No 55 Dental Unit for making the memorial possible.



LT-COL JOHN FREEMAN BLAIR DSO ED RCDC



Lt Col JF Blair, DSO, ED, was born in 1887 and obtained his degree in dentistry from the Royal College of Dental Surgeons of Ontario in 1908.

His appointment as a dental surgeon attached to the Canadian Army Medical Corps in early 1915 led to his becoming one of the first officers in the Canadian Army Dental Corps which was formed later that year. Proceeding overseas, he served in England and France and on his return to Canada he took his release as a Major in September 1919. One of the highlights of Lt Col Blair's service occurred in April 1919 when he was awarded the DSO, thus becoming one of the very few dental officers ever decorated for conspicuous gallantry in the field.

At the outbreak of hostilities in 1939, he once again became a "charter member" by accepting a commission in the Canadian Dental Corps on the first of September. Proceeding overseas as a major in 1940 he was promoted lieutenant colonel in March 1941. He served as Commanding Officer, 15 Base Dental Company from November 1942 to June 1944 and on his return to Canada Lt Col Blair accepted an appointment as District Dental Officer of Military District No 13. At the time of his release from Active Service in January 1946, he was District Dental Officer of Military District No 1, London, Ontario. Lt Col Blair's official service ended in February 1950 when he was placed on the Retired List with the rank of lieutenant colonel.

RCDC Association Holds Annual Meeting

The Royal Canadian Dental Corps Association held its Fifteenth Annual Meeting in Ottawa from the 12th to the 14th of September. This well attended conference was addressed by several prominent speakers who provided an insight into many subjects of interest to the Association. Annual reports indicated that all units of the RCDC Militia had conducted a most active and worthwhile training program during the past year.

The members and guests who were present at the annual dinner at the RCAF Officers Mess on Friday were privileged to hear Brigadier WS Rutherford, a past president of the Conference of Defence Associations, who outlined the functions of Corps Associations. Brigadier KM Baird presented the trophies to the winners of the General Efficiency Competition, which were announced in the July edition of the Quarterly. The newly established Edgecombe Award was presented by its donor Colonel JF Edgecombe, Colonel Commandant of the RCDC, to No 54 Dental Unit, Ottawa. Later, the President, Lt Col WG Campbell awarded certificates to the new Life Members and accepted the Hugh McLaren Gavel which will be used at all future meetings of the Association in memory of our late Treasurer, Colonel HR McLaren.

On Saturday morning the following officers were elected for the coming year:

Immediate Past President	-	Lt Col WG Campbell
President	-	Lt Col JL Ramsay
President Elect	-	Lt Col AZ Henry
1st Vice President	-	Lt Col MJ Snidal
2nd Vice President	-	Lt Col AJ Harris
Secretary	-	Col CBH Climo
Treasurer	-	Col CE Woods

The two Honourary Presidents Col LE Kent and Col WE Meldrum were elected last year for a period of three years.

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The
**ROYAL CANADIAN
DENTAL CORPS**
Quarterly



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THE RCDC QUARTERLY

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Editorial Board: Colonel AC Leman
Lt Col DH Hillier
Lt Col SG Bagnall

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SUBSCRIPTION RATES

The RCDC Quarterly may be subscribed for at \$4.00 per
year by writing to:

Director General of Dental Services
for the Canadian Forces,
Army Headquarters,
OTTAWA, Ontario.

Cover Photo - DGDS and Unit Commanders' Conference 24-27 Nov 63.

Front Row - L to R: Col BP Kearney; Brig KM Baird; Maj-Gen WAB Anderson, Adjutant
General; Col IAL Millar; Col AC Leman; Col RHG Cunningham.

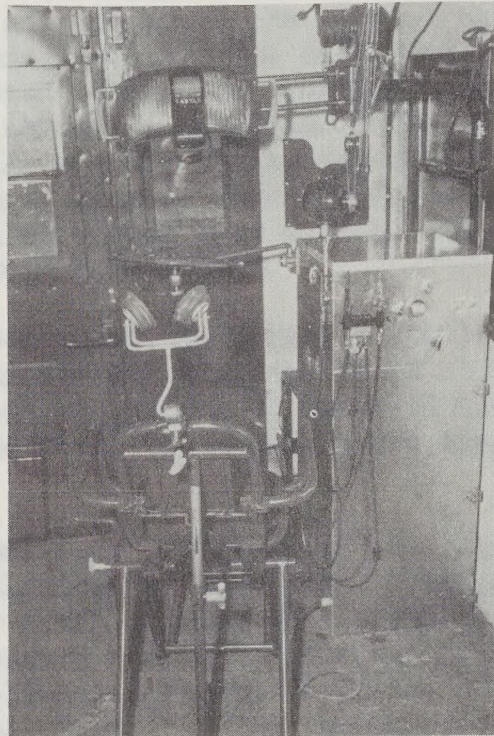
Back Row - L to R: Maj HR Kettlys; Lt Col DH Hillier; Col AT Roger; Lt Col RB
Jackson; Lt Col GC Evans; Maj AW Brusso; Lt Col LG Craigie;
Col GR Covey; Lt Col JG Butler; Maj JW Fletcher; Lt Col SG
Bagnall; Capt WJ Thomson; Capt DH Evans; Capt E Clark.

CURRENT DEVELOPMENTS IN FIELD EQUIPMENT

Major HR Kettlys, CD, DDS

The Royal Canadian Dental Corps is now investigating the possible addition to its field equipment of items which are already provided to dental officers in static locations. At the present time the major deficiency in this regard is the lack of high speed operative equipment. Although still in the experimental stage, field models of the airotor have shown great promise and will likely be installed in the mobile dental vans of the RCDC.

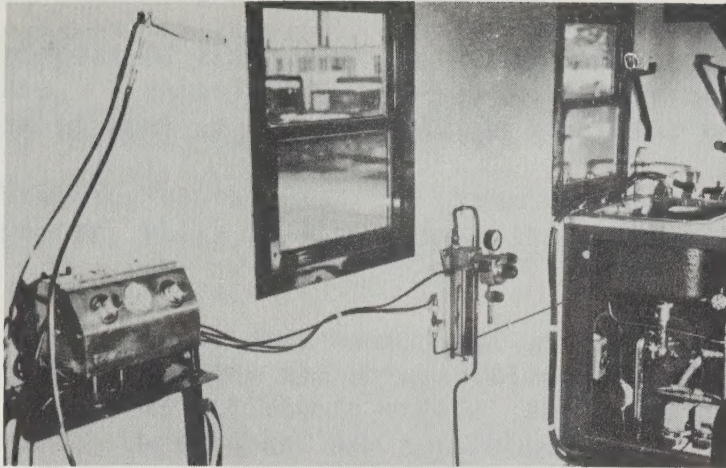
User-trials have been conducted on two adaptations of this equipment and testing will continue during the coming summer to determine which is more suitable to the needs of the Corps. Concurrently with the trials on the airotor, an oral evacuator will be tested under field conditions, and if proven satisfactory, will also be added to the kit in the dental van.



No. 1 DED Model Airotor

The No. 1 DED model was developed at No. 1 Dental Equipment Depot. The cabinet which is permanently attached to the van, is 18" x 18" x 43", and encloses the air compressor and the airotor components. A bracket arm and table, and a dental engine are mounted on the cabinet and the foot-control operates both the dental engine and the airotor. Warm air and a water syringe are included on this model.

This equipment performed well during the 1963 field trials in Camp Gagetown and was favourably commented on by dental officers and patients. The only disadvantage appears to be the size of the installation, a fault which is of particular importance inasmuch as space is at a premium inside the van. The requirement for an evacuator was emphasized by the officers conducting the test.



4 FDU Model Airotor

The second field adaptation of the airotor has been developed by 4 Field Dental Company. This model requires two additional air brake tanks, mounted on the truck chassis and connected to the two standard tanks. The airotor is operated on compressed air obtained through a regulator filter from the air brake system, and one charging of the tanks will operate the equipment for seven minutes. Maximum pressure is obtained in two to three minutes by the truck engine, and operation of the hand-piece need not be curtailed during this period. An air-syringe can be connected to an extra outlet on the regulator-filter.

This model has been tested in Germany, and it performed well under field conditions. Its great advantage would appear to be that it requires no internal compressor, and hence occupies a minimum of space in the crowded van. As was reported in the field trial of the No. 1 DED Model, there appears to be a requirement for an oral evacuator.

The reaction of patients to the field equipment used by the RCDC has always been gratifying to the clinical officer. The original mobile van was developed during World War II. The newer model introduced in 1953 incorporated innovations such as the interior heater, the pressure system for hot and cold water, and an improved interior lighting system. This clinic continues to elicit favourable comment from patients who do not expect to find this type of dental accommodation and modern equipment in the field. The inclusion of the airotor should serve to enhance the reputation that the RCDC has established in providing the best possible dental service for Canadian servicemen everywhere.

ANTIBIOTICS AND THEIR USE IN DENTISTRY

Capt LA Reynolds, DDS

Antibiotics have caused drastic changes in the practice of dentistry over the past few years. Oral infections that were once uncontrollable are now treated with facility and it would be impossible to estimate the number of lives that have been saved by the use of antibiotics since the first practical use of penicillin two decades ago.

Unfortunately, in many instances, the prescribing of these drugs has been almost a routine and automatic procedure, the attitude being that they might do some good but wouldn't do any harm. Alarming problems have arisen which make it increas-

ingly evident that the profession must adopt a new perspective if these drugs are to maintain their position as important adjuncts to surgical management.

It is the purpose of this paper to define antibiotics and the dangers inherent in their utilization. A description of the antibiotics most used in dentistry is presented, followed by some of the indications for their prophylactic use.

Saleh¹ defines antibiotics as: "a group of substances elaborated by bacteria, fungi, or actinomycetes, which in minute quantities inhibit growth and even destroy organisms".

An ideal antibiotic has been described² as one that is "effective against pathogens, leaving non-pathogens and normal cells unchanged with no local or systemic effects". However, no such antibiotic exists, and hence certain principles must be observed in prescribing those which are available.

POTENTIAL DANGERS ACCOMPANYING ANTIBIOTIC USE

Three types of serious sequelae are sometimes noted following the use of these drugs:

1. Reactions Exhibited by the Host

The most serious of this type is the anaphalactoid reaction, which can be fatal. Reactions are most likely to occur after parenteral administration. The danger can be minimized by taking a careful history, and, if the patient has demonstrated an allergic manifestation, some other drug should be used.

2. Development of Resistance

The emergence of resistant strains is an increasing and perplexing problem. These resistant strains are mostly due to continued exposure to subinhibitory concentration of these drugs. Three steps are suggested to overcome this problem:

- a. prescribe a large dose;
- b. continue therapy for at least a three day period; and
- c. combine therapeutic agents.

3. Superinfection

Normally an equilibrium exists between the various organisms in the body. However, with antibiotic therapy, the organisms which are sensitive to the antibiotic may be destroyed and the less sensitive continue to flourish. For example, glossitis and stomatitis are not uncommon following administration of tetracycline. The tetracyclines suppress the normal bacteria, which control the yeast-like organisms which are associated with these conditions and permit them to flourish. As a result thrush or other forms of monoliasis may develop.

ANTIBIOTICS IN COMMON USE

The list of antibiotics now on the market is fairly long and new ones are constantly being developed. However, since most of the pathogens are gram positive the drug of choice for those diseases treated by dentists will probably be either

penicillin, tetracycline, or erythromycin.

1. Penicillin

Spectrum - effective against most gram-positive cocci and some gram-negative neisseria and spirochaetes including those found in Vincent's Infection.

Action - bacteriostatic and bactericidal, depending upon the concentration.

Dosage - 600,000 to 1,200,000 units daily. Much larger doses may be given with little danger of toxicity. The average adult dose of phenoxymethyl penicillin (Pen V) is 125-250 mgs., 4 times daily.

Administration - orally intramuscularly or intravenously. Pen V is administered orally.

Precautions - penicillin is frequently involved in untoward reactions which may progress to generalized respiratory or vasomotor collapse. This drug should not be prescribed for patients who have a history of any type of allergy including asthma, and hay fever. Injectable steroids should be available for use in case of a severe allergic response.

2. Tetracycline Derivatives

Spectrum - effective against gram-positive and gram-negative organisms. These drugs are referred to as the broad spectrum antibiotics.

Action - bacteriostatic.

Dosage - 250 mgs., 4 times daily.

Administration - oral. Under compelling circumstances the drug may be given intravenously.

Precautions - these drugs destroy the oral and intestinal flora and a staphylococcal enteritis may ensue. The absorption of Vitamin B is affected and hence a vitamin supplement is required.

Chlortetracycline (aureomycin) and Oxytetracycline (tetracycline) are similar in action to tetracycline (achromycin) but tetracycline is the drug of choice.

3. Erythromycin

Spectrum - effective against gram-positive organisms. This drug has essentially the same spectrum as penicillin.

Action - bacteriostatic.

Dosage - 250 mgs., 4 times daily.

Administration - oral.

Precautions - there are occasional gastro-intestinal disturbances.

The following instructions have been developed by Zubrow and Spatz as a guide to the prophylactic use of antibiotics²:

1. Antibiotics may be used to prevent or minimize infection arising from oral surgical procedures:
 - a. creation of an oral antral fistula;
 - b. recovery of fractured anaesthetic needles;
 - c. surgical treatment of cysts and tumors;
 - d. impacted teeth;
 - e. multiple extractions and chronically inflamed areas; and
 - f. single extractions in acutely inflamed areas.
2. Antibiotics may be used to prevent infection when accidental trauma has occurred:
 - a. damage to floor of mouth; and
 - b. fracture of mandible, maxilla and facial bones.
3. Antibiotics should be used to prevent infection arising from surgical procedures when there is some abnormality in the patient's general condition:
 - a. Addisons disease - insufficiency of the adrenal cortical secretion with depression of metabolism and resistance to infection;
 - b. Agranulocytosis - low white count and lowered resistance;
 - c. Aplastic anaemia - no production of leukocytes - no body defence;
 - d. Diabetes - hyperglycemia - lowered renal resistance to infection and delayed healing;
 - e. Steroid therapy - suppression of body defences by the steroids; and
 - f. Rheumatic or congenital heart disease - Bacteremia occurring during extraction may permit organisms to lodge on damaged endocardium and cause subacute bacterial endocarditis.

The decision whether or not to use an antibiotic must be made in each instance and blind adherence to this guide is not recommended. Often it is better to wait for the earliest sign of post surgical complications before initiating antibiotic therapy, thereby giving the patient's defensive mechanisms an opportunity to function normally.

Prevention of Subacute Bacterial Endocarditis

This condition is caused by streptococcus viridans. Bacteria gain entrance through such foci as tonsils and infected teeth. Previous damage to a valve, certain congenital cardiac abnormalities and platelet thrombi on the surface of the valves are important predisposing factors. The valvular vegetations form a suitable medium for multiplication of the organisms. They are so protected in the vegetations that the disease almost invariably pursues a relentless and fatal course. Patients with a history of rheumatic fever should always receive antibiotic therapy pre and post-operatively.

Antibiotics should not be used as "a cure all" but, rather for the control of infections in which their usefulness has been proven. In determining whether or not chemoprophylaxis should be instituted the dentist must weigh the potential benefits against the risks. The possibility of sensitizing the patient should be avoided if other drugs can be substituted. However, in certain cases the use of antibiotics is clearly indicated and it is the responsibility of the dentist to exercise judgement concerning the treatment of each patient.

References

1. Saleh, G.A. An appraisal of antibiotic therapy in dentistry. Canad. Dent. A.J. 27:783-92. Dec. 1961.
2. Zubrow, H.J., and Spatz, S.S. Antibiotic therapy. p. 250-4. (in Archer, W.H., ed. Oral Surgery. 3rd ed. Philadelphia, Saunders, 1961. 947p.)

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MATERIALS USED IN REMOVABLE PARTIAL DENTURES

Capt RJ Gillis, DDS

The rise in popularity of chrome-cobalt alloys which has been gained within the profession during the past few years is of such a nature that the proponents of this metal for the framework of partial dentures may give the impression that its use is almost equated with whether or not a particular dental prosthesis has any merit. It is possible that the choice of this metal over other materials may sometimes be founded on personal preference, which is not a scientific criterion on which to base selections.

In order to determine the relative popularity of the materials available, and as part of a comprehensive study¹, Dr. John Sowter of the University of North Carolina School of Dentistry surveyed eight commercial laboratories concerning the materials used for the frameworks manufactured by them. The reports provide evidence that 83 per cent of such frameworks are fabricated with chrome-cobalt. The reasons for this preference indicate that chrome-cobalt is felt to have a cleaner appearance after use in the mouth, is lighter, shows no harmful effects on the oral tissues and is cheaper than gold.

There is a proportion of the profession, however, who maintain that gold is a superior metal for removable partial dentures. A review of the properties of both metals may be of value to those who use exclusively one metal or the other and may serve to develop a critical evaluation of which one can serve best in any particular circumstance.²

1. Tissue tolerance

Neither metal has any destructive effect on the oral tissues.

2. Ease of casting

Gold has the advantage because of the special equipment required to cast chrome-cobalt and because the latter metal has greater shrinkage on congealing. Although the installation of casting equipment for chrome-cobalt may not be practical in a private office neither is the casting of gold unless technicians are employed on the premises. The time required to cast gold or chrome-cobalt is not significantly different.

3. Rigidity

The proper distribution of stress loads requires rigidity and chrome-cobalt has twice the modulus of elasticity of gold. Gold, therefore, requires more bulk to produce the rigidity found in chrome-cobalt.

4. Flexibility

When considering flexibility, it is necessary to allow for the entry of a retentive arm into an under-cut area without traumatizing the abutment or causing the metal to bend out of shape. Gold has a definite advantage in this respect, particularly where a stress-breaking effect is required. Usually, however, it is desirable to have a minimum of retention and chrome-cobalt can meet this requirement through the use of the newer and more accurate surveyors which ensure the precise placement of clasps.

5. Density

The density of chrome-cobalt is 8-9 gm/cc while that of gold is 12.5-15 gm/cc. This relative lightness of chrome-cobalt is enhanced further by its rigidity which reduces the bulk required and hence dentures of similar design are 60 per cent lighter if chrome-cobalt is used. This would be of particular importance in maxillary cases of the extension type.

6. Brittleness

Brittleness is undesirable because it increases the necessity for repair. Gold is less brittle than chrome-cobalt though both metals can develop this property if they are cast at excessively high temperatures.

7. Finishing and polishing

Gold has the advantage of being more easily polished conveniently in a dental office, which advantage is offset to some extent by the fact that chrome-cobalt keeps its finish in the mouth.

8. Repairs

Ease of repair is no longer a factor for comparison: a technician can repair gold or chrome-cobalt with equal facility.

In summary, the main differences between chrome-cobalt and gold are their density and rigidity. Neither metal is considered ideal in all instances and a choice based on the problems involved must be made for each denture.

The choice between plastic or porcelain teeth is equally important in the consideration of materials used for removable partial dentures. Dr. Sowter found¹ that, on the average porcelain teeth are used for 48.75 per cent of the dentures while plastic teeth are prescribed for the remainder. There is no longer much controversy concerning which type of teeth should be used: it is recognized that each has certain advantages. Plastic teeth are more easily adapted to replace missing anterior teeth and in the areas of the clasps. Porcelain teeth, on the other hand, are less susceptible to wear and maintain the vertical relationship better especially where free-end saddles are required.

There is latitude for personal choice, but once again the selection should be based on professional knowledge rather than mere preference in order that the best possible service may be rendered to the patient.

References

1. Sowter, J.B. Materials used in partial dentures. p:733-46.
(In Vinton, P.W., ed. Dent. Clin. No. Am. Philadelphia, Saunders, Nov. 1962. 905p.)
2. Applegate, O.C. Alloys for removable partial dentures: factors to be considered in choosing an alloy. p:583-90.
(In Arnim, S.S., ed. Dent. Clin. No. Am. Philadelphia, Saunders, Nov. 1960. 883p.)

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FLEXIBLE CLASPS FOR CHROME-COBALT PARTIAL DENTURES

Lt Col LA Richardson, CD, DDS
WO1 AM Gareau, CD

A study of the physical characteristics and clinical use of cast chrome-cobalt provides evidence that a more flexible material is often required for the retentive clasp arms of removable partial dentures, especially those which have free-end saddles¹.

Flexible retentive clasp arms are considered to be advantageous for the following reasons:

- a. Torque is reduced because of the stress-breaking property inherent in this type of arm.
- b. More effective retention is obtained through improved use of undercut areas.
- c. There are fewer broken clasps since a flexible arm, in use and misuse, will distort rather than fracture.
- d. Retentive clasp arms are more readily adjustable.
- e. There is less abrasion of height-of-contour areas of the tooth.
- f. The use of round wire promotes greater cleanliness because there is less contact area between the clasp arm and the tooth.

- g. This procedure is no more demanding of the laboratory technician's time or skill than a chrome-cobalt casting using cast clasps.

The laboratory procedures involved in this type of appliance are simple and they are easily carried out. The RCDC stores catalogue lists three sizes of chrome-cobalt clasping wire and it is suggested that the size selected be in proportion to the size of the tooth to be clasped and with the flexibility desired.

Blocking-out and Duplicating

All procedures are carried out in the same manner as for normal cast frameworks up to the application of tissue simulation. However, the retentive arms of the clasps are left unwaxed on the refractory cast. Using the selected gauge of chrome-cobalt wire, retentive arms are adapted on the teeth of the stone master-cast. The retaining lugs should be at least a quarter of an inch in length, roughened, flattened and bent for positioning in the waxed up area of greatest bulk. Each clasp is then placed on the corresponding tooth of the refractory cast. A warm spatula pressed gently over the lug will imbed it in the wax.

When all the retentive arms are in place, waxing-up is completed. Tissue simulation is applied and the casting is completed in the conventional manner.

After trimming and polishing the framework, the wrought arms should be re-adapted to the teeth of the master-cast. The wrought clasp arms will require no trimming and very little polishing. Being round they can be adjusted accurately, in any direction, without fear of breaking.

Reference

1. McCracken, W.L. Survey of partial denture designs by commercial dental laboratories. J. Prosth. Dent., 12:1089-1110, Nov. - Dec. 1962.

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RELINING AND REBASING COMPLETE DENTURES

Major EMC Franklin, DFC, CD, BSc, DDS

The refitting of removable prosthetic appliances is one of the most exacting procedures in dentistry and it is the aim of this paper to present a systematic approach to the subject and to offer some techniques which have been found useful in relining and rebasing complete dentures.

A cursory assessment of a patient's dentures cannot be considered an adequate preliminary to the correction of any deficiencies which may be discovered. Rather, a thorough examination of the oral and facial structures, including a case history and radiographic study, must accompany any evaluation of the dentures. It is of particular importance to ascertain any adjustments in mastication the patient may be making to accommodate deficiencies which may have developed in the dentures or which, indeed, may have been built-in originally.

During the clinical examination, the following should be noted:

1. size and shape of ridges;
2. colour and appearance of mucous membrane;

3. pathology of the tissues;
4. displacement and thickness of supporting tissues;
5. relation of ridge crests;
6. movements of the mandible and any possible temporomandibular joint disorders; and
7. erupting third molars or root fragments which may be interfering with the seating of a denture.

An evaluation of the patient's dentures should be based on the answers to the following questions:

1. Was the original degree of jaw separation correct, or has it decreased because of resorption of the supporting tissues?
2. Is the occlusal relation satisfactory or is there instability due to faulty denture-bearing surfaces?
3. Are the borders over-extended or under-extended?
4. Are the borders contoured properly?
5. Are the esthetics satisfactory?
6. Are the denture bases and teeth satisfactory?
7. Is there a fracture in the palatal midline of the maxillary denture which might indicate resorption? and
8. Have the dentures been repaired?

With this information, a diagnosis may be made and it may be concluded that all that is required is an adjustment in the occlusion or the reduction of an over-extended border. On the other hand, the presence of gross defects in the dentures or the supporting tissues would indicate that new dentures must be constructed. If, however, the condition of the oral tissues and the dentures appears favourable, and the main concern is the correction of the borders or the tissue bearing surfaces of the dentures, successful relining or rebasing may be possible. Such procedures are particularly valuable if time is a factor and following the insertion of immediate dentures.

Before relining or rebasing, the denture-bearing tissues must be firm and healthy. Inserting relined or rebased dentures over abused, distorted or traumatized tissue will serve only to perpetuate conditions. The dentures should be left out of the mouth for at least 48 hours. Massage and the use of a mouthwash will help recovery.

The Glossary of Prosthodontic Terms¹ defines "Reline" as "... the resurfacing of the tissue side of the denture with new denture base material...". "Rebase", on the other hand, is defined as "... the refitting of a denture by the replacement of the denture base material without changing the occlusal relations of the teeth."

There are two types of reline, the Intra-oral Immediate and the Extra-oral, and two types of rebase, Complete and Incomplete.

Intra-oral Immediate Reline

An intra-oral reline is accomplished directly in the mouth using an auto-polymerizing acrylic resin. The main advantage of this procedure is that no laboratory processing is required and it can be accomplished in one appointment.

The disadvantages are that these resins are not as dense nor as strong as the denture base material, they are not colour-fast, they shrink on setting, and they are discomforting to the patient during the initial set of the material because of the heat generated.² Intra-oral relines are not recommended.

Extra-oral Reline

An extra-oral reline is indicated where there is some tissue resorption but the denture is otherwise satisfactory. This technique is useful for an immediate denture or to obtain closer adaption of a maxillary denture in the area where a third molar was extracted following insertion.

Only the undercut areas are relieved and a free flowing paste of the zinc oxide type is placed in the otherwise unaltered denture. The patient is instructed to close in centric position and the operator gently muscle moulds the impression. Every effort must be made to ensure that the vertical dimension is maintained.

Complete Rebase

A complete rebase requires an impression and a template must be made for the teeth. All the old denture base material is replaced with new acrylic resin.

Incomplete Rebase

For an incomplete rebase all the tissue surface, and a portion of the border area is restored with new denture base material after an impression has been secured. Most of the refitting of dentures is achieved by this method. In the rebasing of complete dentures, the centric occlusion and vertical dimension are frequently altered. Such errors, however, can be minimized by following an exact technique and conforming to some basic principles.

If both dentures are to be rebased, the maxillary denture should be completed first and the patient should wear it for one week before rebasing of the mandibular denture is undertaken.

Having determined the correct vertical dimension, remove all undercuts from the maxillary denture and trim back peripheries 2 mm. Relieve the tissue bearing side of the denture except in three areas which will act as stops, one in the anterior region and one on either side in the molar region.

If the vertical dimension is to be increased, decide how much is to be incorporated into the maxillary denture. Place three stops of compound or utility wax in the three areas mentioned and try the denture in the mouth. Adjust the stops until the correct occlusal relation and the desired vertical dimension are obtained.

The peripheral borders are then re-established and muscle trimmed accurately. An escapeway is cut in the palate and the impression completed using a free-flowing zinc oxide type impression paste or a rubber base type wash.

Nagle and Sears² point out that the operator must be extremely careful to maintain centric occlusion while taking this impression. They specify that the denture should be inserted gently into the mouth while pressure is maintained against the labial flange to prevent forward displacement. The patient should be instructed to

tap his teeth together lightly until the denture is seated, and then to hold them together firmly. The vertical dimension must be checked and patient instructed to move his facial muscles. Remove the denture from the mouth and correct any small defects by painting on wax and reseating the denture.

Pour cast and carry out laboratory procedures for rebasing. The use of a Hooper duplicator or similar device is indicated to maintain proper occlusal positions of the teeth during wax-up procedures. On insertion of the rebased denture, make any minor corrections to borders, and check for any occlusal interference.

After the patient has worn the denture for one week, the mandibular denture may be rebased using the same technique as was used for the maxillary denture. A remount and equilibration of the dentures is the final step of this procedure.

Refitting of complete dentures is a service which has merit in certain cases but it cannot be overemphasized that a careful diagnosis must be made and exacting clinical and laboratory procedures followed.

References

1. Academy of Denture Prosthetics, Nomenclature Committee. Glossary of prosthodontic terms. p. 27. (In J. Prosth. Dent., 6, Mar. 1956.)
2. Nagle, R.J. and Sears, V.H. Dental prosthetics; complete dentures. St. Louis, Mosby, 1958. 532 p. (p. 462-71).

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EXTRACTION OF TOOTH FROM TONGUE

A CASE REPORT

Capt JB Wilcock, DDS

An officer of the RCAF presented himself for examination on the 6th of June 1963. Victim of an aircrash in November 1963, the patient had suffered a broken back, leg, nose, maxillae and internal injuries. All his anterior teeth had been loosened in the accident but had tightened up without the assistance of an appliance.

The patient had also complained of a hard mass in the dorsal aspect of the tongue, almost in the mid line, which affected his speech and mastication, and also caused "clicking" sounds when in contact with his teeth. This latter effect appeared to be his major problem at this time although he was still being treated by antibiotics for his leg injury which was not healing satisfactorily. Examination revealed that the crown of the lower left second bicuspid was almost completely gone, although the pulp chamber was not exposed. It was suspected that the crown or part thereof might be embedded in the tongue.

A radiograph of the tongue was taken using a Rin Plastic X-Ray Holder. The patient was instructed to tilt the tongue on an angle while he held the packet firmly in place and a 3/10 second exposure was made with a setting of 90KV and 15MA. It was discovered that the crown of the bicuspid was firmly embedded in the tongue, and that it contained a large MOD amalgam restoration.

Anaesthesia was obtained by combining infiltration with a bilateral lingual nerve block. The tongue was elevated with a gauze pad held in the thumb and forefinger and an incision made with a No 15 Bard Parker scalpel. The tissue was laid back with a periosteal elevator and the crown was located easily. Because of the uneven

contour of the fractured surface, the crown was firmly attached by dense fibrous tissue which required careful dissection. The tooth was removed with tissue forceps and there was very little haemorrhage. A gauze pack was placed over the area and the patient instructed to hold it in position for 30 minutes. A bland diet was prescribed for three days and the patient dismissed. There were no complications and the wound healed uneventfully.

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A LABRADOR ADVENTURE

Major RA Fell, CD, DDS

At RCAF Station Goose Bay, Labrador, the statement "Everything is available at The Goose" acts as a potent morale-booster and, when it concerns matters of sports and entertainment, the expression is basically true. Almost everyone belongs to some organization or other, not the least of which is the Terrington Basin Boat Club of which I am a member. This membership led to an experience which proves that high adventure is also to be found at The Goose.

During the past summer, by pooling resources with two friends, I became part-owner of a 37 foot boat which, though built in Newfoundland some 35 years ago, has a single plank carvel type hull which is still sound. We had christened her "Wilmador", a name formed by combining the first syllables of our wives' names, and throughout the summer spent all our free time fishing and exploring Lake Marville and Grand Lake. Lake Marville, which is a salt-water extension of Hamilton Inlet, is ninety miles long by twenty miles wide and at times gets very rough.

By the end of the summer even our wives and children were well acquainted with the craft which sleeps six and has a galley, head, radio, depth sounder, marine compass and even a windshield wiper. Much of this equipment we installed ourselves during the evenings.

Having heard of a bay where the ducks and geese were flocking in the thousands, six of us decided to make the most of the long Thanksgiving weekend and we left the dock at Goose Bay on Friday evening the 11th of October with a full load of fuel, food, guns and ammunition.

We navigated all night by compass and, shortly after dawn, arrived at the small settlement of Rigolet where we stopped to refuel and question the natives concerning the waters ahead. Continuing on our way, we anchored at full tide just off Pompey Island shortly after dark.

The actual adventure began when, during the night as the tide went out, the boat heeled over on her starboard beam which made sleeping somewhat difficult, to say the least. However, by morning the tide was in again and we were floating peacefully at anchor. After a good breakfast, the five others left on a hunting expedition and I remained behind to clean up both the dirty dishes and the mess which had developed when the boat went over on her side.

Some two hours later the tide began to ebb quickly and once again the Wilmador settled onto her starboard beam. Despite the tilt, I continued cleaning up until, with a sudden lurch, the boat heeled right over and everything inside went flying, including me. Climbing into the dingy, I saw the reason for this development. As the water fell, the boat had balanced on the point of a large rock which was placed just under the stern and my movements had thrown her off this precarious fulcrum.

The hunters returned shortly after, and we were all quite unconcerned because our experience of the previous night led us to believe that the boat would float again

at full tide. It was with some chagrin that we watched the water rising fast; the boat remained exactly where she was; the rock was holding the stern up and we could not move the eight-ton boat free from the rock. As if that was not enough, the boat was flooded and all our gear was soaked. We gathered long poles and, at full tide, waded into the cold water and were finally able to pry the Wilmador off the rock into an upright position. A new and safe anchorage was found and before spending a cold, miserable night ashore in wet sleeping bags, we baled the boat dry.

The next day, every possible part of the engine was dismantled, cleaned and dried. The battery was still charged and we were full of hope when the starter motor turned over; however, there was no spark and the magneto did not respond even though we dried and heated it by the fire.

On Tuesday morning we had no better luck with the engine and were quite discouraged until an RCAF Search and Rescue Otter caught sight of a smoke signal which we had lighted. Having circled and landed, the pilot taxied over to us, put his head out the window and casually asked whether anyone wanted to be rescued. He and the plane were a beautiful sight! The other owner and I agreed that our four guests should return with the plane but that we would stay with the Wilmador. We felt that with a new battery and the help of a marine mechanic the engine could be restarted. The pilot agreed to bring us whatever was needed.

The Otter returned a few hours later but even with the help of the marine mechanic all our efforts to start the engine failed and we became resigned to being towed back to Goose Bay.

On Thursday morning the crash boat arrived and we were in tow by 1100 hours. By mid-afternoon we tied up at Rigolet once more where the captain of a light ship anchored there invited us on board and provided us with our first warm bed in seven nights. Early the following morning we were under way again and, as we entered the open reaches of Lake Marville, it became apparent that we were going to have no easy run for home. The 25 knot wind soon had us pitching and rolling, and cascades of water were crashing over our heads on the cabin roof. At times the crash boat seemed to rise right out of the water, only to disappear behind the crest of another wave.

The pilot wisely elected to seek shelter and we rested for a few hours in the lee of St. John Island. When the waves abated somewhat, we took to the open water once again at a slow three knots. With sixty miles to go and a long night ahead of us, the radio aboard the Wilmador seemed to bring The Goose a little closer. It was necessary to keep baling and, since it was still too rough to light the galley stove, we were restricted to cold food and tomato juice.

Suddenly, something went wrong on the crash boat and her lights dimmed and went out. We tried hard to keep in line behind them as they started to go in circles but all we could see was the crew in the other boat bustling about with flashlights. After some time they came alongside and we learned that there had been a fire in the electrical system and they had lost all but their emergency power - no compass, depth sounder, radio or heat, and very little light. The Sergeant in charge decided to shut down one engine and to hold out against the wind until daybreak. We stood by for the rest of the night and at first light got under way again. Making good time, we arrived back at Goose Bay just after lunch.

Our week-end trip had lasted for eight days!

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WELCOME TO THE CORPS

The following personnel have recently joined the Corps and have been posted to the locations shown:

Cpl	HW	Anderson	-	HQ Camp Gagetown, NB
Pte	ZWJ	Mitrikas	-	RCDC School
LAW	EE	Beaver	-	RCAF Stn Rockcliffe
LAW	ML	Behie	-	RCAF Stn Clinton
LAW	JM	Boucher	-	RCAF Stn Parent
LAW	MRJM	Crevier	-	RCAF Stn Cold Lake
LAW	SJ	Kirley	-	RCAF Stn Goose Bay
LAW	LE	Mattatall	-	RCAF Stn Rockcliffe
LAW	LJ	Olson	-	RCAF Stn Camp Borden
Miss	A	Greenberg	-	Fort Osborne Barracks, Winnipeg
Mrs	L	Less	-	RCAF Stn Winnipeg
Miss	B	MacLean	-	HQ Camp Shilo

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PROMOTIONS

The following Corps personnel are congratulated on their recent promotions:

Ssgt	HEG	Franzgrote	-	to WO2(DQMS)
Ssgt	R	Pelletier	-	to WO2(DQMS)
Ssgt	JM	Tapp	-	to WO2(DQMS)
Sgt	RJ	Lowery	-	to Ssgt
Sgt	RF	Matheson	-	to Ssgt
Sgt	HEW	Reid	-	to Ssgt
Sgt	G	Shand	-	to Ssgt
Sgt	HD	Wagstaff	-	to Ssgt
L/Sgt	SD	Posyluzny	-	to Sgt
Cpl	JAJ	Fret	-	to Sgt
Pte	JB	Arsenault	-	to Cpl
Pte	CS	Brown	-	to Cpl
Pte	GN	Fathers	-	to Cpl
Pte	RJ	Forward	-	to Cpl
Pte	DE	Fraser	-	to Cpl
Pte	JJ	Gallivan	-	to Cpl
Pte	EA	Garnhum	-	to Cpl
Pte	JRY	Gratton	-	to Cpl
Pte	GMR	Gravel	-	to Cpl
Pte	JF	Hill	-	to Cpl
Pte	WD	Horne	-	to Cpl
Pte	JP	Lambert	-	to Cpl
Pte	MD	Longford	-	to Cpl
Pte	DK	Mand	-	to Cpl
Pte	LG	Peverill	-	to Cpl
Pte	RJ	Rutledge	-	to Cpl
Pte	H	Snutch	-	to L/Cpl
Pte	RD	Veinot	-	to Cpl
Pte	PD	Whynott	-	to Cpl

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RELEASES

The best wishes for the future are extended to the following personnel who have recently taken their release from the Corps:

Capt	MDG Conrad	-	HMCS Stadacona
Capt	JJPG Houle	-	14 Dent Coy, Winnipeg
Capt	R Lanthier	-	AFHQ, Ottawa
Cpl	JEN Boucher	-	HQ Camp Petawawa
Pte	OR Sorensen	-	RCAF Stn Downsview
Cpl	SAM Ruzycski	-	35 Fd Dent Unit
LAW	EM Fromley	-	RCAF Stn St Hubert
LAW	MM Dann	-	RCAF Stn St Hubert
LAW	MJD Gatien	-	RCAF Stn Rockcliffe
LAW	LP Yakemchuk	-	RCAF Stn Namao
AW2	EL Blackwell	-	RCAF Stn Camp Borden
Miss	AJ Gravel	-	Fort Osborne Barracks
Mrs	R Zagalsky	-	RCAF Stn Winnipeg

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POSTINGS

Postings have been effected for several personnel in recent weeks:

Capt	PR McQueen	-	to CJATC Rivers from HQ Camp Valcartier
Capt	JML Rochefort	-	to HQ Camp Valcartier from CJATC Rivers
WO2	H Thorsson	-	to HMCS Stadacona from HMC Dockyard
Ssgt	RJ Lowery	-	to RCAF Stn Cold Lake from RCDC School
Sgt	JH Kay	-	to HMC Dockyard from HMCS Stadacona
Sgt	EJ Lansey	-	to RCDC School from 4 Fd Dent Coy
Sgt	DT Murley	-	to 1 PD Halifax from CBU(UNEF)
Sgt	HW Roberts	-	to CBU(UNEF) from HMCS Stadacona
Cpl	DJ Davies	-	to HMCS Stadacona from RCAF Stn Greenwood
Cpl	JF Giroux	-	to 3 Det RCAMC from R22eR Quebec
Cpl	WD Horne	-	to HMCS Shearwater from HQ Camp Gagetown
Cpl	OW Mandrusiak	-	to RCAF Stn Trenton from RCAF Stn North Bay
Cpl	CM Martell	-	to HMC Dockyard from HMCS Stadacona
Cpl	LH Pion	-	to HMC Dockyard from HMCS Stadacona
Cpl	AF Randall	-	to HMCS Stadacona from HMC Dockyard
Pte	LI MacLean	-	to HMCS Naden from HQ NWHS Whitehorse
LAW	SD Fitzpatrick	-	to RCAF Stn Comox from RCAF Stn Namao
AW1	SJD Clutterbuck	-	to RCAF Stn Cold Lake from RCAF Stn Goose Bay
AW1	ND Scarbrough	-	to RCAF Stn Winnipeg from RCAF Stn Parent
Miss	IM White	-	to HQ Camp Shilo from RCAF Stn Winnipeg

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TRAINING

Corps personnel have undertaken the following courses:

University of Michigan - Ann Arbor, Michigan

Oral Surgery - 2 Dec - 13 Dec 63 - Major HG Bunston
Complete Dentures - 6 Jan - 17 Jan 64 - Major PS Sills

Ent Air Force Base - Colorado Springs, Colorado

Oral Surgery - 3 Feb - 14 Feb 64 - Major RJ Bryant

US Naval Dental School - Bethesda, Maryland

Oral Surgery - 6 Jan - 21 Feb 64 - Major IAC MacDonald
Oral Surgery - 6 Jan - 10 Jan 64 - Major GLJ Bissaillo
Partial Dentures - 13 Jan - 17 Jan 64 - Capt J Vincent
Oral Pathology - 27 Jan - 31 Jan 64 - Capt EW Gazo

Third International Congress of Plastic Surgery, Washington

Lt Col WR Thompson - 13 - 18 Oct 63

Cytological Smear Technique Clinic - University of Montreal

Lt Col WR Thompson - 3 Dec 63

RCDC SchoolDental Assistant Group 1 Course - 21 Oct - 22 Nov 63

Pte JAL Boulianne
Pte NL Highfield
LAW FB Schmaltz
LAW PJJ Lockyer
LAW EJ Deveau
LAW EC McRae
LAW M Kant
LAW ME Mahlitz
LAW BDM Lavigne
AWL MYC Lachance

Dental Technician Clinical Group 3Z Course - 6 Jan - 19 Jun 64

Sgt LR Barrett
Sgt J Dion
Sgt JAJ Fret
Sgt WA Jackson
Sgt EJ Lansey

Miss A Chretien
Miss MA MacWilliam

TRAINING (cont'd)Dental Technician Laboratory Group 1 Course - 13 Jan - 29 May 64

Sgt JIJ	Boulanger
Cpl C	Lachance
Sgt WR	Dawson
Cpl OW	Mandrusiak
Cpl TR	O'Mara
Cpl PA	McCoy

Technical Dental Therapist Group 4 Course - 13 Jan - 1 May 64

WO2 AJ	Greco
WO2 JE	Shiner

APTC Camp BordenSoccer Coaches and Officials Course - 16 Sep - 4 Oct 63

Cpl RS	Walker
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Command Jr NCO Courses

A/Cpl HL	Boring
A/Cpl DJ	Davies
A/Cpl GN	Fathers
A/Cpl DE	Fraser
A/Cpl JJ	Gallivan
A/Cpl JRY	Gratton
A/Cpl BF	Hannah
A/Cpl DH	Hardy
A/Cpl JPA	Lambert
A/Cpl DK	Mand
A/Cpl LG	Peverill
A/Cpl LH	Pion
A/Cpl JH	Thorburn

1 Dent Eqpt Dep, Camp PetawawaDental Storeman Group 1 Course - 7 Oct - 15 Nov 63

Cpl MJ	Hall
Cpl HJ	McKinnon
Pte RL	Geddes

Dental Equipment Technician Group 2 Course - 6 Jan - 17 Apr 64

Cpl EA	Duve
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Joint Services and Packaging Course, Montreal

Sgt AF	Semple	-	27 Nov - 18 Dec 63
Sgt AL	Strub	-	6 Jan - 24 Jan 64

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VITAL STATISTICSDIRECTORATEHospital

Col IAL Millar - 28 Nov - 12 Dec 63
 Capt WJ Thomson - 6 Jan - 13 Jan 64

1 DENT EQPT DEPPersonnel

Our sympathies are extended to Major Fletcher whose father passed away late in October.

11 DENT COYMarriages

Cpl BJ Leong-See was married to Cpl JA Larose at RCAF Station Comox, BC on 23 Nov 63.

Births

To Major and Mrs JJ Walker, a son, James Paul, born 23 Oct 63.

To Capt and Mrs Y Kamachi, a son, Douglas Hiroshi, born 6 Nov 63.

To Capt and Mrs CM Mason, a son, Todd Clifford, born 20 Dec 63.

To Capt and Mrs PP Morin, a daughter, Kari Marie, born 30 Dec 63.

To Sgt and Mrs HK Drawe, a daughter, Kristine, born 21 Sep 63.

To Sgt and Mrs AJ Tait, a son, Donald William, born 27 Oct 63.

To Cpl and Mrs TJ Herrett, a daughter, Kathryn Elizabeth, born 9 Oct 63.

Hospital

Major LE Kelly - 17 Nov - 20 Nov 63
 Capt BA Gaudet - 26 Nov - 6 Dec 63
 WO2 W Powers - 24 Nov - 2 Dec 63
 Sgt MG Dean - 30 Sep - 7 Oct 63
 Cpl A Schuh - 9 Oct - 11 Oct 63

12 DENT COYBirths

To Cpl and Mrs JG MacDonald, a son, born 16 Sep 63

13 DENT COYMarriages

A/Cpl DH McKay was married to LAW VB Charbonneau at Windsor, Ontario on 23 Nov 63.

VITAL STATISTICS (cont'd)Births

To Sgt and Mrs HM McCurdie, a son, Gary Andrew, born 13 Nov 63.

To Cpl and Mrs NAJ Eady, a son, Michael John, born 2 Jul 63.

Hospital

Major AG Andrews - 3 Dec - 10 Dec 63

Capt MN Deyette - 19 Nov 63

Cpl A Girouard - 27 Nov - 9 Dec 63

14 DENT COYBirths

To Capt and JJLG Girard, a daughter, Marie Danielle Chantel,
born 14 Oct 63.

Hospital

Sgt AD Lillico - 20 Nov - 29 Nov 63

Cpl NJ Cable - 24 Nov - 1 Dec 63

15 DENT COYBirths

To Sgt and Mrs M Tremblay, a daughter, Marie, born 30 Sep 63.

Hospital

Capt JR Senechal - 17 Oct - 18 Oct 63

Sgt JIJ Boulanger - 2 Dec - 6 Dec 63

Sgt JRM Chayer - 4 Oct - 19 Oct 63

Cpl C Lachance - 19 Nov - 20 Nov 63

4 FD DENT COYBirths

To Sgt and Mrs JG Moore, a son, 2 Nov 63.

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GENERAL NEWS

Queen's Honorary Dental Surgeons

Congratulations are extended to Colonel IAL Millar, CD, DDS, QHDS, Deputy Director General of Dental Services, and to Colonel CE Woods, CD, DDS, QHDS, Assistant Director of Dental Services (Militia) for Central Command, on their recent appointment as Queen's Honorary Dental Surgeons.

The appointment is an honour granted by Her Majesty The Queen to selected dental officers in recognition of distinguished service. Regular Force officers hold the appointment for "tenure of office" while Militia officers are granted the honour for a period of two years.

The four available positions are currently shared between dental officers of the Regular Force and the Militia.

Second Annual RCDC Bonspiel

Preparations for the RCDC Bonspiel at Camp Borden 21-22 February are now almost completed. The committee anticipates an entry of 20 rinks and the first two draws will take place Friday evening. In addition to the many prizes, two trophies will be up for inter-unit competition - the Wansbrough Trophy, established last year by Brig EM Wansbrough and the new RCDC(R) Trophy, donated by the Regular Officers of the Corps.

By now all personnel will have received information concerning this highlight of the curling season. Interested rinks are urged to get their entry forms in immediately so that Capt CA Casterton and his committee can finalize the arrangements for this year's bigger and better bonspiel.

Year-End Activities

There has not been what might be termed a "flood" of unit news items for this issue of The Quarterly. It would appear that over the pre-Christmas period and during the festive season, most of the Corps personnel were too busy with preparations to be out making news. All ranks Christmas parties were held by most units and the traditional calls were made at Officers' and Sergeants' Messes. There was also a good turnout of RCDC(R) and RCDC(M) officers for The New Year's Day Levees all across the country.

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DIRECTORATE NEWS

Corps Conference

Senior officers of the Regular Force units gathered in Ottawa for the 14th Annual DGDS and Unit Commanders' Conference held from 24-27 Nov 63 under the direction of Brigadier KM Baird.

Colonel IAL Millar was the Chairman and the opening address was delivered by Major General WAB Anderson, Adjutant General of the Canadian Army. Papers were later presented by Directorate officers on various subjects concerning activities of the Corps.

Following the formal meetings, unit commanders had the opportunity to meet individually with Directorate officers to discuss matters concerning personnel and training in their units.

The social functions connected with the Conference began on Sunday evening when Lt Col and Mrs GC Evans entertained the visiting officers at their home. A Formal Supper Dance was held Tuesday evening at the AHQ Officers' Mess and was enjoyed by all the RCDC officers and their ladies from the Ottawa area. At the conclusion of the Conference on Wednesday, Brigadier and Mrs KM Baird held a buffet luncheon prior to the departure of the visiting officers.

Christmas Party

The annual Christmas Party was held again this year at HMCS Carleton Chiefs' and Petty Officers' Mess and was attended by all service members and civilian personnel in the Ottawa area. WO1 TA Jones, on behalf of the clinic and Directorate staffs, expressed his appreciation to the officers for the enjoyable evening. In reply, Brigadier KM Baird extended to all the best wishes of the holiday season.

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RCDC SCHOOL NEWS

Wins TV Set

Good fortune fell to Cpl ADT Gardner and his family when they won an attractive portable TV Set and stand in the MLS Shopping Centre draw.

Safe Driving Winner

WO2 TL Batten is congratulated for being one of the four winners in Camp Borden of a Safe Driving Award during Safe Driving Week in December.

Sports

Preparations are well under way for the Corps Bonspiel 21-22 Feb and the School expects to "field" three rinks.

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11 DENT COY NEWS

Fall Cruise

Capt PAA Daillyde and Sgt JAR Shields cruised off to Hawaii on 25 Oct 63

aboard HMCS Cape Breton. During the cruise Capt Daillyde took on "Second Officer of the Watch" duties and gained at least a superficial knowledge of navigation.

Wins Bonspiel

Ssgt G Shand celebrated his recent promotion by winning the first event in the Cold Lake Sergeants' Mess Bonspiel.

Personnel

Our sympathies are extended to Ssgt H Hodgkinson who recently suffered the loss of his father and to WO2 PL Gourlay on the death of his brother.

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12 DENT COY NEWS

Oromocto Curling Club

Major TD Cobb has been appointed Vice-President of The Oromocto Curling Club. He claims that anyone posted to the Maritimes from the Prairies is assumed to be an authority on curling.

Appreciation Award

Ssgt Phil Egan recently received an appreciation award from the "King Lion" at a meeting of the Oromocto Lion's Club. The award was in recognition of Phil's outstanding services to the area.

European Cruise

Major Phil Quinn reports a very busy social life during the European cruise just completed by HMCS Bonaventure. Capt Ivor Hamilton made good use of this opportunity to visit his home in Scotland. Major Quinn made a trip to Cornwall and visited the scenes of his youth, at least that part of it spent with 224 Sqn in Newquay some 20 years ago.

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13 DENT COY NEWS

Farewell Party

A dining-in-night and farewell party was held recently to mark the departure of Capt Doug Bunt who has opened an office for private practice in Trenton, Ont.

Gourmets Meet

The gourmets in the Trenton area were delighted to welcome Capt Dan Girard and Sgt Rene deBlois on their return from Moosonee. In addition to their own happy personalities, they brought back a generous supply of arctic char and wild geese.

Personnel

Our sympathy is extended to Sgt and Mrs MA Craig of RCAF Stn Clinton, Ontario on the death of their son who passed away on the 14th of December following a prolonged illness.

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14 DENT COY NEWSWin Turkeys

The unit Bowling League's annual "Turkey Roll" was held on 19 Dec 63. The skillful bowlers who won turkeys were Lt Col RB Jackson and Sgts DL Fenton, FJ Reid and GH Storms.

Curling

With the curling season now in full swing many unit personnel, at various locations, are participating in club play and as an organized sport. We have not yet heard of any laurels won but we can presume that teams are being sharpened up for the Corps bonspiel in February. A unit bonspiel is scheduled for 4 Apr 64.

Promotions

His many friends will be pleased to learn that ex-Sgt Klaus Buchholz has been accepted under the Dental Officer Subsidization Plan as a 2nd Lieutenant and is now a fourth year student in the Faculty of Dentistry, University of Manitoba.

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4 FD DENT COY NEWSSports

The final 4 CIBG golf tournament for the season took place on 14 Oct and we are pleased to report that Cpl DB Loosely won top honours in the event with a low gross of 83.

Several RCDC personnel are curling at Fort York and Fort Chambly. During December, the rink skipped by Ssgt Sullivan, with Lt Col MacDougall as vice and Sgt Posyluzny as second, won the Fort York Yuletide Bonspiel.

Professional Meeting

The first Dental Professional Meeting of the season for the officers of 4 Fd Dent Coy and their British confreres was held at Fort MacLeod on 7 Nov 63. Maj Chatwin chaired the meeting and the guest speaker was Lt Col AJL Wheatley, Oral Surgeon BMH Iserlohn. His topic was "Treatment of the Maxillo-Facial Casualty Under Field Conditions".

A second Professional Meeting was held at BMH Iserlohn on 5 Dec 63. The guest speaker on that occasion was Surg/Lt/Cdr TAH McCulloch who delivered a lecture on Hypnosis. A demonstration followed during which a dental procedure was conducted on a subject in a hypnotic trance.

Leave and Tours

Some members of HQ 4 Fd Dent Coy felt the urge to leave the Brigade area during Christmas leave. Capt Arpin left with a destination of Copenhagen but he didn't quite make it beyond Hamburg. WO2 Riddell and family visited relatives in Belgium. Lt Col MacDougall flew to Majorca and is prepared to discuss the hazards of motor scooter riding on switch-back roads in the mountains.

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CBU (UNEF) NEWS

Leave and Tours

Capt RJ Paturel spent four days on a tour of Jerusalem in October and was duty officer at the UNEF Leave Centre in Cairo for two weeks in November. Sgt Sprathoff and Cpl Johnson took seven days leave at the Leave Centre in Cairo during the same month.

Sgt Sapergia, L/Sgt McDonald and Cpl Vandervaat enjoyed a four-day stay in Jerusalem during November. They were members of a specially arranged all-Canadian tour visiting the Holy Land.

Capt JLY Cyrenne and Sgt Sapergia took 14 days UNEF leave and returned to Canada to spend Christmas with their families.

Special Events

UNEF Medals were presented by Major Pyne to Sgt Sapergia and Cpl Johnson on the monthly detachment parade.

During the past three months, life has been fairly tranquil in the Middle East. November and December brought several heavy rain storms as a result of which, quarters were flooded, roads were impassable and several of the local mud houses turned into mud heaps. Despite the tragedy caused by flash floods, there was considerable rejoicing as the rainfall means there will be plenty of food during the coming year. Every inch of ground has been ploughed and planted and it is a common sight to see cripples, wives, children and any other person who can possibly hang onto the handles of a wooden plough, working in the fields. Tractors, camels, donkeys, cattle and sometimes people are used to pull them. The whole countryside is now a mass of green with cauliflowers, cabbages, carrots and radishes larger than those seen in Canada. The animals are growing fat and the faces of the people are covered with smiles. In this atmosphere, with warm sunny days and cool evenings, the detachment personnel go about their duties dreaming of home, planning tours or holidays, and very happy to be Canadians.

Christmas is always a lonely time away from loves ones and this year has been no exception. Two of our detachment took Christmas leave in Canada and brought back tales of sub-zero weather, warm beds and a wonderful holiday. The rest of us had to make the best of it away from home. The Officers served the men their Christmas dinner, while at the Headquarters Company Christmas party the detachment took an active part in everything, winning four of the six major prizes. Major Pyne and his partner won the double dart competition while Capt Paturel and his partner performed equally well at cribbage. Sgt Sprathoff and Cpl Vandervaat, not to be outdone, took first prizes in the amateur and crazy hat contests respectively.

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Leave and Tour

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